

EMPLOYEE DATABASE FORM**(TO BE FILLED IN BLOCK LETTERS)**

PERSONAL DETAILS									
Employee ID		Employee Name (As per Aadhar Card)		GURURAJ HADAPAD					
Fathers Name	JAGADISH V			Mothers Name	VIJAYALAXMI			Blood Group	O+VE
Date of Birth	13/01/2000	Sex	MALE	Marital Status		Spouse Name			
Designation				Emergency Contact (Family/Relatives)	9902144311, 8892917702				
Permanent Address (Pincode Mandatory)	VINODAMMA BUILDING , 1 ST FLOOR 3 RD CROSS, GULLA REDDY LAYOUT , ANEKAL MAIN ROAD, CHANDAPUA, ANEKAL TALUK, BENGALURU-560099								
Present Address (Pincode Mandatory)	VINODAMMA BUILDING , 1 ST FLOOR 3 RD CROSS, GULLA REDDY LAYOUT , ANEKAL MAIN ROAD, CHANDAPUA, ANEKAL TALUK, BENGALURU-560099								
Email ID	gururajhadapad2@gmail.com				Mobile	9113851457			
EDUCATION DETAILS									
Post-Graduation		University					Year of Passing		
Graduation		University					Year of Passing		
DIPLOMA	Diploma in Mechanical engineering	Board	DEPARTMENT OF TECHNICAL EDUCATION, BANGALURU				Year of Passing	2019	
10 th	SVREMHS	Board	KARNATAKA SECONDARY EDUCATION EXAMINATION BOARD				Year of Passing	2015	
EXPERIENCE DETAILS									
Employer 1	VENDAS SOLUTIONS PVT.LTD	Designation	Automation Test Engineer	From	August 06,2019				
				To	July 09, 2021				
Employer 2		Designation		From					
				To					
STATUTORY DETAILS - To be filled by Employee									
Joining Date									
PAN Number	BEOPH7510H			Aadhar Number	805928428615				
PF Number				UAN Number	101526640792				
Bank A/C Number				IFSC Code					
Bank Name				Branch					
Signature:				Date:					

[illegible]

Certified that I have no family as defined in para 2 (vii) of the employee's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2 (a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

Name and Address of the nominee	Date of Birth	Relationship with member
Mrs vijayalaxmi, VINODAMMA BUILDING , 1 ST FLOOR 3 RD CROSS, GULLA REDDY LAYOUT , ANEKAL MAIN ROAD, CHANDAPUA, ANEKAL TALUK, BENGALURU-560099	10/05/1982	Mother

Date 18/07/2021

Signature or thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri / Smt./ Miss employed in my establishment after he/she has read the entries / the entries have been read over to him/her by me and got confirmed by him/her.

Date: _____

Signature of the employer or other authorized officer of the establishment

Name & address of the Factory /Establishment

Place:

Date:

Payment of Gratuity (Central) Rules

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

I, Shri/Shrimati/Kumari Gururaj hadapad

(Name in full here)

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

- I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.
- I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
- (a) My father/mother/parents is/are not dependent on me.
(b) My husband's father/mother/parents is/are not dependent on my husband.
- I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
- Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)		Relationship with employee	Age of nominee	Proportion by which the gratuity will be shared
(1)		(2)	(3)	(4)
1.	Mrs vijayalaxmi	Mother	39	Full
2.				
3.				

Statement

- Name of employee in full Gururaj hadapad
- Sex male
- Religion hindu
- Whether unmarried/married/widow/widower unmarried
- Department/Branch/Section where employed _____
- Post held with Ticket No. or Serial No., if any _____
- Date of appointment 12/07/2021
- Permanent address:
Village _____ Thana _____ Sub-division _____
Post Office _____ District _____ State _____

Place: Bangaluru



Signature/Thumb-impression
of the Employee

Date: 18/07/2021

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

1. _____

2. _____

Signature of Witnesses.

1. _____
2. _____

Place: _____

Date: _____

Certificate by the Employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any _____

Signature of the employer/Officer authorised
Designation

Date: _____

rubber stamp thereof.

Name and address of the establishment or

Acknowledgement by the Employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.



Date: 18/07/2021

Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.

FORM Q
[See Rule 24(9A)]

APPOINTMENT ORDER

Name and Address of the Establishment	
Name and Address of the Employer	
Name of the Employee	GURURAJ HADAPAD
His/ Her Postal Address	VINODAMMA BUILDING , 1 ST FLOOR 3 RD CROSS, GULLA REDDY LAYOUT , ANEKAL MAIN ROAD, CHANDAPUA, ANEKAL TALUK, BENGALURU-560099
His/ Her Permanent Address	VINODAMMA BUILDING , 1 ST FLOOR 3 RD CROSS, GULLA REDDY LAYOUT , ANEKAL MAIN ROAD, CHANDAPUA, ANEKAL TALUK, BENGALURU-560099
Father/Husband Name	JAGADESH
Date of Birth	13/01/2000
Date of/her entry into employment	
Designation	
Nature of Work entrusted to him/her	
His/ Her serial number in the Register of employment	
Rate of Wages payable to him/her	1. Basic: 2. VDA: 3. Other allowances, if any: 4. Total:
Place	Bangaluru
Date	18/07/2021
Acknowledgement by Employee with Date & Signature	
Signature of Employer	Seal of Establishment

FORM 1

Nomination and Declaration Form (See Rule 3)

1. Name of Person making Nomination :
(block letters) Gururaj hadapad
2. Father/Husband Name : Jagadesh v
3. Date of Birth : 13/01/2000
4. Sex : Male
5. Marital Status : Unmarried
6. Permanent Address : VINODAMMA BUILDING , 1ST FLOOR 3RD CROSS, GULLA REDDY LAYOUT ,
ANEKAL MAIN ROAD, CHANDAPUA, ANEKAL TALUK, BENGALURU-560099
7. Temporary Address : VINODAMMA BUILDING , 1ST FLOOR 3RD CROSS, GULLA REDDY LAYOUT ,
ANEKAL MAIN ROAD, CHANDAPUA, ANEKAL TALUK, BENGALURU-560099

I hereby nominated the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, in the event of my death.

Name of nominee/ nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulations in credit to be paid to each nominee	If the nominee is minor, name relationship and address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)	(6)

1. Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.
2. "Certified that my father/mother is/are dependent upon me.
3. *Strike out whichever is not applicable

Signature or thumb impression of the
employed person

Certificate by Employer

Certified that the above declaration and nomination has been signed/thumb impressed before me by Sri/Smt./Kum _____ employed in my establishment after he/she has read the entry/entries have been read over to him/her by me and got confirmed by him/her.

Signature of the employer or other authorized Officer
of the establishment and designation

Place:

Date:



A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

UAN

1	0	1	5	2	6	6	4	0	7	9	2
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OR

PREVIOUS PF MEMBER ID

REGION	OFFICE	ESTABLISHMENT	EXTENSION	ACCOUNT NUMBER

11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER: _____

(B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER: _____

B. OTHER DETAILS13) INTERNATIONAL WORKER
(PLEASE TICK)

YES	NO
	✓

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):

13(A) COUNTRY OF ORIGIN (Please Tick)

INDIA	OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)

13(B) PASSPORT NUMBER _____

13(C) PASSPORT VALID FROM

D	D	M	M	Y	Y	Y	Y

To

D	D	M	M	Y	Y	Y	Y

14) EDUCATIONAL QUALIFICATION
(PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/ PROFESSIONAL
							✓

15) MARITAL STATUS
(PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE
	✓		

16) SPECIALLY ABLED
(PLEASE TICK)

YES	NO
	✓

IF YES, TICK THE CATEGORY

LOCOMOTIVE	VISUAL	HEARING

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*			IFSC CODE*

NPR/AADHAAR	805928428615		
PERMANENT ACCOUNT NUMBER (PAN)	BEOPH7510H		
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
RATION CARD			
ESIC CARD			
<p>* Mandatory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCs TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.</p>			

C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,
- (I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.
- (II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. ACCOUNT. (THE TRANSFER WOULD BE POSSIBLE ONLY IF THE IDENTIFIED KYC DETAILS APPROVED BY PREVIOUS EMPLOYER HAS BEEN VERIFIED BY PRESENT EMPLOYER USING HIS DIGITAL SIGNATURE CERTIFICATE).
- (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE:

PLACE:

SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER Mr./Ms./Mrs. HAS JOINED ONAND HAS BEEN ALLOTTED PF MEMBER ID
- B. IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:
- **(POST ALLOTMENT OF UAN)** THE UAN ALLOTTED FOR THE MEMBER IS
 - **PLEASE TICK THE APPROPRIATE OPTION:**

THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE

☐ HAVE NOT BEEN UPLOADED

☐ HAVE BEEN UPLOADED BUT NOT APPROVED

☐ HAVE BEEN UPLOADED AND APPROVED WITH DSC
- C. IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:
- THE ABOVE MEMBER ID OF THE MEMBER AS MENTIONED IN (A) ABOVE HAS BEEN TAGGED WITH HIS/HER UAN/PREVIOUS MEMBER ID AS DECLARED BY MEMBER.
 - **PLEASE TICK THE APPROPRIATE OPTION:-**

☐ THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE BEEN APPROVED WITH DIGITAL SIGNATURE CERTIFICATE AND TRANSFER REQUEST HAS BEEN GENERATED ON PORTAL.

☐ AS THE DSC OF ESTABLISHMENT ARE NOT REGISTERED WITH EPFO, THE MEMBER HAS BEEN INFORMED TO FILE PHYSICAL CLAIM (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

DATE:

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT