## EMPLOYEE DATABASE FORM

****

Photo

##### (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 , 1ST FLOOR 3RD CROSS, GULLA REDDY LAYOUT , ANEKAL MAIN ROAD, CHANDAPUA, ANEKAL TALUK, BENGALURU-560099 | | | | | | | | | | | | | |
| Present Address (Pincode Mandatory) | | | | VINODAMMA BUILDING , 1ST FLOOR 3RD 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 |
| 10th | | 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: | | |  | | | | |

**(FORM 2 REVISED)**

**NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Schemes

(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees Pension Scheme 1995)

1. Name (IN BLOCK LETTERS) : GURURAJ HADAPAD JAGADESH V HADAPAD

Name Father’s / Husband’s Name Surname

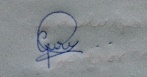
1. Date of Birth : 13/01/2000
2. Account No.
3. \*Sex : MALE/FEMALE: MALE 5. Marital Status
4. Address Permanent / Temporary : VINODAMMA BUILDING , 1ST FLOOR 3RD CROSS, GULLA REDDY LAYOUT , ANEKAL MAIN ROAD, CHANDAPUA, ANEKAL TALUK, BENGALURU-560099

**PART – A (EPF)**

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employees Provident Fund, in the event of my death.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of the Nominee (s) | Address | Nominee’s relationship with the member | Date of Birth | Total amount or share of accumulations in Provident Funds to be paid to each  nominee | If the nominee is minor  name and address of the guardian who may receive the amount during the minority of  the nominee |
| 1 | 2 | 3 | 4 | 5 | 6 |
| Mrs Vijayalaxmi | Chandapura , bangaluru | Mother | 10/05/1982 | Full |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. \* Certified that I have no family as defined in para 2 (g) of the Employees Provident Fund Scheme 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.
2. \* Certified that my father/mother is/are dependent upon me.



Strike out whichever is not applicable Signature/or thumb impression of the subscriber

**PART– (EPS) Para 18**

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow/Children Pension in the event of my premature death in service.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No** | **Name & Address of the Family Member** | **Age** | **Relationship with the member** |
| (1) | (2) | (3) | (4) |
|  | Mrs Vijayalaxmi | 39 | Mother |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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 , 1ST FLOOR 3RD 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).

1. 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.
2. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.

4 (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.

1. 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.
2. Nomination made herein invalidates my previous nomination.

#### Nominee(s)

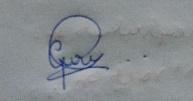
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name in full with full address of nominee(s)** | | **Relationship with employee** | **Age of nominee** | **Proportion by which the gratuity will be shared** |
| **(1)** | | **(2)** | **(3)** | **(4)** |
| 1. | Mrs vijayalaxmi | Mother | 39 | Full |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

**Statement**

1. Name of employee in full Gururaj hadapad
2. Sex male 3. Religion hindu
3. Whether unmarried/married/widow/widower unmarried
4. Department/Branch/Section where employed
5. Post held with Ticket No. or Serial No., if any
6. Date of appointment 12/07/2021
7. 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. Signature of Witnesses.

1. 1.

2. 2.

Place: Date:

#### Certificate by the Employer

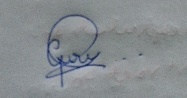
Certified that the particulars of the above nomination have been verified and recorded in this establishment. Employer's Reference No., if any Signature of the employer/Officer authorised

Designation

Date: Name and address of the establishment or rubber stamp thereof.

#### 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 , 1ST FLOOR 3RD CROSS, GULLA REDDY LAYOUT , ANEKAL MAIN ROAD, CHANDAPUA, ANEKAL TALUK, BENGALURU-560099 | |
| His/ Her Permanent Address | VINODAMMA BUILDING , 1ST FLOOR 3RD 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.

Place: Date:

Signature of the employer or other authorized Officer

of the establishment and designation

Name and address of the factory/ Establishment and rubber stamp thereof



**Form No. 11 (New)**

**Declaration Form**

(To be retained by the Employer for future reference)

**Employees’ Provident Fund Organization**

**The Employees’ Provident Funds Scheme, 1952 (Paragraph-34 & 57) &**

**The Employees’ Pension Scheme, 1995 (Paragraph-24)**

* 1. NAME (TITLE) (PLEASE TICK)

**RATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEES’ PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES’ PENSION SCHEME, 1995 IS APPLICABLE.**

**(PLEASE GO THROUGH THE INSTRUCTIONS)**

**DECLA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| G | U | R | U | R | A | J |  | H | A | D | A | P | A | D |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| MR. | MS. | MRS. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2) DATE OF BIRTH | D | D | M | M | Y | Y | Y | Y |
| 1 | 3 | 0 | 1 | 2 | 0 | 0 | 0 |

1. FATHER’S/

MR.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| J | A | G | A | D | E | S | H |  | V |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

HUSBAND’S NAME

1. RELATIONSHIP IN RESPECT OF (7) ABOVE

|  |  |
| --- | --- |
| FATHER | HUSBAND |
| ✓ |  |

(PLEASE TICK)

|  |  |  |  |
| --- | --- | --- | --- |
| 5) GENDER  (PLEASE TICK) | MALE | FEMALE | TRANSGENDER |
| ✓ |  |  |

1. MOBILE NUMBER (IF ANY)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 9 | 1 | 1 | 3 | 8 | 5 | 1 | 4 | 5 | 7 |

1. EMAIL ID (IF ANY)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| g | u | r | u | r | a | j | h | a | d | a | p | a | d |
| 2 | @ | g | m | a | i | l | . | c | o | M |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. WHETHER EARLIER A MEMBER OF THE EMPLOYEES’ PROVIDENT FUND SCHEME, 1952?

(PLEASE TICK)

|  |  |
| --- | --- |
| **YES** | **NO** |

1. WHETHER EARLIER A MEMBER OF THE EMPLOYEES’ PENSION SCHEME, 1995? (PLEASE TICK)

|  |  |
| --- | --- |
| **YES** | **NO** |

**IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11&12):**

**A. PREVIOUS EMPLOYMENT DETAILS**

1. 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 |

OR

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PREVIOUS PF MEMBER ID** | REGION | OFFICE | ESTABLISHMENT | EXTENSION | ACCOUNT NUMBER |
|  |  |  |  |  |

1. DATE OF EXIT FOR PREVIOUS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

MEMBER ID (DD/MM/YYYY)

1. (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 DETAILS**

|  |  |  |
| --- | --- | --- |
| 13) 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 |
|  |  |  |  |  |  |  | ✓ |

* 1. MARITAL STATUS (PLEASE TICK)

|  |  |  |  |
| --- | --- | --- | --- |
| MARRIED | UNMARRIED | WIDOW/ WIDOWER | DIVORCEE |
|  | ✓ |  |  |

* 1. SPECIALLY ABLED

|  |  |
| --- | --- |
| YES | NO |
|  | ✓ |

|  |  |  |
| --- | --- | --- |
| IF YES, TICK THE CATEGORY | | |
| LOCOMOTIVE | VISUAL | HEARING |
|  |  |  |

(PLEASE TICK)

* 1. KYC

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

DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| NPR/AADHAAR | 805928428615 |  |  |
| PERMANENT ACCOUNT NUMBER (PAN) | BEOPH7510H |  |  |
| PASSPORT |  |  | EXPIRY DATE |
| DRIVING LICENCE |  |  | EXPIRY DATE |
| ELECTION CARD |  |  |  |
| RATION CARD |  |  |  |
| ESIC CARD |  |  |  |
| \* **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. | | | |

**C. UNDERTAKING:**

* + 1. **I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**
    2. **IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995**,
       1. **I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.**
       2. **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).**
       3. **I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.**

**DATE:**

**PLACE: SIGNATURE OF MEMBER**

#### DECLARATION BY PRESENT EMPLOYER

1. THE MEMBER Mr./Ms./Mrs. ………………………….. HAS JOINED ON AND HAS BEEN ALLOTTED PF

MEMBER ID …………………………………………...

1. 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

1. 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**