UAN KYC DETAILS

PART A

1. Employee ID
2. Employee Name - Sachin L
3. UAN Number
4. Mobile Number - 9606421800
5. Aadhaar Number - 3882 4886 4153

In case member does not have Aadhaar number, Please give a declaration at Part B below

1. PAN Number – BIGPL6602J
2. Bank Account Number - 0597101045982
3. IFSC Code - CNRB0000597

Copy of SI. no. 5, 6 and 7 are enclosed



Signature of the member

PART B

I declare that, I do not have Aadhaar card at present. Aadhaar no. will be submitted within 15 days of obtaining the same.

Signature of the member

New Form No. 11 - **Declaration form**

***(To be retained by the employer for future reference)***

## EMPLOYEES PROVIDENT FUND ORGANISATION

### Employees Provident Funds Scheme, 1952 (Paragraph 34 & 57) & Employees’ Pension Scheme, 1995 (Paragraph 24)

**(Declaration by a person taking by employment in any establishment on** which EPF Scheme, 1952 and /or EPS 1995 is applicable)

|  |  |  |
| --- | --- | --- |
| 1 | Name of the member (Employee) | Sachin L |
| 2 | Father’s Name :  Spouse’s Name: | Lokesh |
| 3 | Date of Birth: **(DD/MM/YYYY)** | 03-02-2001 |
| 4 | Gender: (Male/Female/Transgender) | male |
| 5 | Marital Status: (Married/Unmarried/Widow/Widower/Divorcee | unmarried |
| 6 | 1. Email ID: 2. Mobile Number: | [lsachin32001@gmail.com](mailto:lsachin32001@gmail.com)  9606421800 |
| 7 | Whether Earlier a member of Employees’ Provident Fund Scheme, 1952 | NO |
| 8 | Whether Earlier a member of Employees’ Pension Scheme, 1995 | NO |
| 9 | Previous Employment Details:[if Yes to 7 AND OR 8 above]  (a) Universal Account Number: |  |
| (b) Previous PF account number: |  |
| (c) Date of Exit from previous employment: (DD/MM/YYYY) |  |
| (d) Scheme Certificate No. (if Issued) |  |
| (e) Pension Payment Order (PPO) No. (if Issued) |  |
| 10 | (a) International Worker : |  |
| (b) If Yes, State Country of Origin(India/Name of the Country) |  |
| (c) Passport No. |  |
| (d) Validity of Passport [(DD/MM/YYYY) to (DD/MM/YYYY)] |  |
| 11 | KYC Details: (attach self-attested copies of following KYC’s) |  |
| (a) Bank account No. & IFSC Code | 0597101045982 & CNRB0000597 |
| (b) AADHAR Number | 3882 4886 4153 |
| (c) Permanent Account Number (PAN), | BIGPL6602J |

**UNDERTAKING**

1. Certified that the particulars are true to the best of my knowledge.
2. I authorize EPFO to use AADHAAR for verification/authentication/eKYC purpose for service delivery
3. Kindly transfer the funds and services details, if applicable, from the previous PF account as declared above to present PF account. (The transfer would be possible if the identified KYC detail approved by previous employer has been verified by present employer using Digital Signature Certificate)

#### In case of changes in above details, the same will be intimated to employer at the earliest.

**(TICK ON THE BELOW OPTION WHICHEVER IS APPLICABLE)**

I HAVE NOT WITHDRAWN THE EPF & EPS ACCUPIULATED AMOUNT FROPI MY PREVIOUS EMPLOYER(S) EPF ACCOUNT, HENCE WOULD LIKE TO TRANSFER THE SAME TO MY CURRENT EPF ACCOUNT.

I HAVE ALREADY WITHDRAWN THE EPF & EPS ACCUMULATIONS FROM MY PREVIOUS EMPLOYER(S) EPF ACCOUNT NUPIBER(S). I HEREBY DECLARE THAT THE ABOVE MENTIONED DETAILS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

NEVERCONTRIBUTEDTOWARDS PROVIDENT FUND

I HAVE ALREADY APPROCHED TO MY PREVIOUS EMPLOYER FOR PROVIDENT FUND WITHDRAWAL

*Date: Place:*

**

*Signature of Member*

***DECLARATION BY PRESENT EMPLOYER***

1. *The Member Mr. /Ms. / Mrs. .................................has joined on and has been allotted PF account*

*number....................................*

1. *In case the person was earlier not a member of EPF Scheme, 1952 and EPS Scheme, 1995:*
   * *(Post allotment of UAN) The UAN for the member is .........................................*
   * *Please* ***Tick the Appropriate Option***

### The KYC details of the member in the UAN database

HAVE NOT BEEN UPLOADED

HAVE BEEN UPLOADED NOT APPROVED

HAVE BEEN UPLOADED AND APPROVED WITH DSC

### In Case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:

* + *The above PF account number/UAN 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 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*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYMENT HISTORY | | | | | | |
| Emp. ID: | |  | | | | |
| Name of the Employee: | |  | | | | |
| Date of Joining: | |  | | | | |
|  | |  | | | | |
| SI.  No. | Name of the Establishment previously worker if any | EPF A/c # | UAN # 12 digits | Date of Joining (DD/MM/YY) | Date of Exit (DD/MM/YY) | PF account status withdrawn or trasnferred |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |

\* it is mandatory to fill all the details.

#### ” I declare that above said information/details is true to the best of my knowledge and belief

Signature of the Employee

*Employee No./ID*

EMPLOYEES’ PROVIDENT FUND ORGANISATION

Form No. g (Revised)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED /EXEMPTED ESTABLISHMENTS

*Declaration and Nomination Form under the Employees’ Provident Funds & Employees’ Pension Scheme (Paragraph 33 & 61 of the Employees’ Provident Fund Scheme, 1952 & Paragraph 18 of the*

*Employees’ Pension Scheme, 1995)*

1. Name (in block letters) : Sachin L

2. Father’s name : Lokesh

3. Date of Birth : 03-02-2001

4. Sex : Male

5. Marital Status : unmarried

1. Account No. **KN/60467/**
2. Permanent Address: Sachin L , S/O Lokesh, Shirmalli village, Hullahalli hobli , Nanjangudu taluk, Mysuru district.

Temporary Address: Sachin L , S/O Lokesh, Shirmalli village, Hullahalli hobli , Nanjangudu taluk, Mysuru district.

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 & Address of the Nominee/s | Nominee’s relationship with the member | Date of Birth | Total amount of share of accumulation in Provident Fund to be paid to each nominee | If the nominee is a  minor, name, relationship & address of the guardian who may receive the amount during the minority of  nominee |
| 1 | 2 | 3 | 4 | 5 |
| LOKESH,  S/O Parvathappa, Shirmalli village, Hullahalli hobli , Nanjangudu taluk, Mysuru district.  SUDHA ,  W/O Lokesh, Shirmalli village, Hullahalli hobli , Nanjangudu taluk, Mysuru district. | Father  Mother | 01-01-1969  01-01-1984 | 50  50 |  |

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 of the subscriber ( Employee)

Date of joining E.P.F / /19 ENTRIES VERIFIED

Past Service year

Date of joining EPS / 19

S.S. A.A.0

FOR OFFICE USE ONLY

D.A

PART — B (EPS) Para 18)

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow

/Widower/Children Pension in the event of my death:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SI.No. | Name of the family  member | Address | Date of Birth | Relationship with member |
| 1 | Sudha | SUDHA ,  W/O Lokesh, Shirmalli village, Hullahalli hobli , Nanjangudu taluk, Mysuru district. | 01-01-1984 | Mother |
|  |  |  |  |  |

\*’Certified that I have no family, as defined in para 2 (vii) of Employees’ Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly Pension (admissible under para 16 (2) (g) (i) &

(ii) in the event of my death without leaving any eligible family member for receiving pension.

Table 1

|  |  |  |
| --- | --- | --- |
| Name & Address of the nominee | Date of Birth | Relationship with member |
|  |  |  |

Date:

\*Strike out whichever is not applicable. Signature of the subscriber ( Employee)

CERTIFIECATE BY EMPLOYER

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

Dated the:

Technologies. Ltd

Happiest Minds Technologies. Ltd SJR Equinox, Sy.No.47/8,

Doddathogur Village, Begur Hobli, Electronics City Phase 1,

Hosur Road, Bangalore — 560 100

For Happiest Minds

Authorised Signatory

FORM ‘F’

*Employee No./ID*

*(See sub — rule (1) of Rule 6}*

**Nomination**

# To

**Happiest Minds Technologies Ltd** SJR Equinox, Sy.No.§y/8, Doddathogur Village,

# Begur Hobli Electronics City Phase 1,

Bengaluru s6O1OO

1. I, Shri . Sachin L 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) nominated is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the said Act.
2. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.
3. (a) My father / mother / parents is / are dependant / not dependent on me.

(b) My husband’s father/ mother / parents is / are dependant / not dependent on my husband.

1. I have excluded my husband from my family by a notice dated to the Controlling

Authority in terms of the provision to clause (h) of Section 2 of the said Act.

1. Nomination made herein invalidates my previous nomination.

Nominee(s)

|  |  |  |  |
| --- | --- | --- | --- |
| Name in full with full Address of  nominee(s) | Relationship with  the employee | Age of  nominee | Proportion by which the gratuity will  be shared |
| 1.Lokesh S/O Parvathappa, Shirmalli village, Hullahalli hobli , Nanjangudu taluk, Mysuru district. | FATHER | 54 | 100 |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**Statement**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Name of employee in Full | | | | Sachin L | | |
| 2 | Sex | | | | MALE | | |
| 3 | Religion | | | | Hindu | | |
| 4 | Whether unmarried /  married/widow/ widower | | | | unmarried | | |
| 5 | Department / Branch / Section where  employed | | | |  | | |
| 6 | Post held with Ticket No. Or Serial  No., if any | | | |  | | |
| 7 | Date of appointment | | | | 17-08-2023 | | |
| 8 | Permanent Address | | | | Sachin L S/O Lokesh, Shirmalli village, Hullahalli hobli , Nanjangudu taluk, Mysuru district. | | |
| Village: | | Shirmalli | Thana: | Police station | | Sub-  Division: |  |
| Post Office: | | Shirmalli |  | Mysuru | | State: | Karnataka |

Place:



Date: Signature of the employee

*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:

For **Happiest Minds Technologies Ltd**

Date: Authorized Signatory

Acknowledgement bv the emplovee

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

Date: Signature of the Employee