

**FORM 'F'**  
See sub-rule (1) of  
**Gratuity Nomination Form**

Applicant ID: 2299857

To,  
TATA Consultancy Services Ltd,  
9th Floor, Nirmal Building,  
Nariman Point, Mumbai 400021.

1. I, SHAKTIKUMAR DEVRAO HONPARKHE 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).
2. 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 Payment of Gratuity Act, 1972. **Yes**
3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act. **NA**
4. (a) My father is not dependent on me. **Yes**  
(b) My mother is not dependent on me. **Yes**  
(c) My spouse's father is not dependent on my spouse. **NA**  
(d) My spouse's mother is not dependent on my spouse. **NA**
5. Nomination made herein invalidates my previous nomination.

**Nominee(s)**

Sr No.	Name in full with full address of nominee(s)	Relationship with the employee	Date of Birth	Proportion by which gratuity will be shared	Name , relationship and address of Guardian if nominee is minor
1	Mr. Devrao Ramrao Honparkhe Kundalwadi Dist Nanded, Kundalwadi, Kundalwadi, Kundalwadi- 431711, Maharashtra, India	Father	02/12/1959	50	
2	Ms. Shantabai Devrao Honparkhe Kundalwadi Dist Nanded, Kundalwadi, Kundalwadi, Kundalwadi- 431711, Maharashtra, India	Mother	01/01/1971	50	

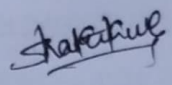
### Statement

Full Name: SHAKTIKUMAR DEVRAO HONPARKHE  
Gender: M  
Marital Status: Single  
Religion: NA

Applicant ID: 2299857  
Date of Joining: 27-Mar-2025  
Department: NA

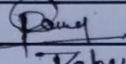
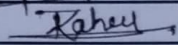
Permanent Address: Kundalwadi Dist Nanded  
Kundalwadi Kundalwadi  
Kundalwadi Maharashtra 431711

Date: 10/03/2025  
Place: Kundalwadi

Signature of Employee: 

### DECLARATION BY WITNESSES

Nomination signed before me

SR No.	Name in full and full Address of Witnesses	Signature of Witnesses
1.	Prathamesh Girish Tadhar, Hingoli	
2.	Rahul Sayali Pentawar, Kundalwadi	

Date: 10/03/2025

Place: Kundalwadi

### CERTIFICATE BY THE EMPLOYER

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

Office Seal

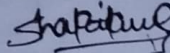
Signature of the employer/trustee

### ACKNOWLEDGEMENT BY THE EMPLOYEE

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

Date: 10/03/2025

Signature of the employee :





**FORM - 2**

Applicant ID: 2299857

Pension Number : MH/BAN/48475/ \_\_\_\_\_

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

Declaration and Nomination Form under the Employees Provident Fund and Employees Pension Scheme (Rule 25 of the Tata Consultancy Services Employees Provident Fund Rules & Paragraph & Paragraph 18 of the Employees Pension Scheme, 1995)

1. Name(In Block Letters) : **SHAKTIKUMAR DEVRAO HONPARKHE**2. Father's /Husband's Name : **Devrao Ramrao Honparkhe**3. Date of Birth : **08/11/2003**4. Male/Female : **Male**5. Marital Status : **Single**6. PF Account Number : **MH/BAN/48475/** \_\_\_\_\_

7. Address:

Permanent : **Kundalwadi Dist Nanded Kundalwadi Kundalwadi Kundalwadi Maharashtra 431711**Temporary : **Kundalwadi Dist Nanded Kundalwadi Kundalwadi Kundalwadi Maharashtra 431711**8. (a) Date of joining EPF Scheme, 1952 : **27/03/2025**(b) Date of joining E.P. Scheme, 1995 : **27/03/2025****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/ nominees	Address of the Nominees	Nominee's Relationship with the member	Date of Birth	Total Amount of share of accumulations in Provident Fund 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
Shantabai Devrao Honparkhe	Kundalwadi Dist Nanded, Kundalwadi, Kundalwadi, Kundalwadi-431711, Maharashtra, India	Mother	01-Jan-1971	50	
Devrao Ramrao Honparkhe	Kundalwadi Dist Nanded, Kundalwadi, Kundalwadi, Kundalwadi-431711, Maharashtra, India	Father	02-Dec-1959	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.

Signature

Signature of the subscriber/member

**PART B (EPS)****(Para 18)**

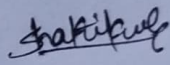
Serial No	Name of the Family member	Address of the Family member	Date of Birth	Relationship with the member

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 widow pension (admissible under Para 16 (2)(a)(i) and (ii) of the Employees Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving pension.

Name of the nominee	Address of the nominee	Date of Birth	Relationship with the member
Mr. Devrao Ramrao Honparkhe	Kundalwadi Dist Nanded, Kundalwadi, Kundalwadi, Kundalwadi- 431711, Maharashtra, India	02-Dec-1959	Father
Ms. Shantabai Devrao Honparkhe	Kundalwadi Dist Nanded, Kundalwadi, Kundalwadi, Kundalwadi- 431711, Maharashtra, India	01-Jan-1971	Mother

Date: 10/03/2025

  
Signature of the subscriber/member

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination has been signed before me by Shri/ Smt./Kumari SHAKTIKUMAR DEVRAO HONPARKHE in my establishment after he/she has read 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



## Form 9 (Revised)

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (Paragraph 34)

AND

THE EMPLOYEES' PENSION SCHEME, 1995 (Paragraph 24)

**Declaration by a person taking up employment in an establishment in which the Employees'  
Provident Funds & Employees' Pension Scheme enforce**

I, **Shaktikumar Honparkhe** of Sh. **Devrao Ramrao Honparkhe** do hereby solemnly declare that:

(a) I was employed with **NA, NA** with PF A/c Number **NA** and left service on **NA** prior to that, I was employed in **NA, NA** with PF A/c Number **NA** from **NA** to **NA**.

(b) I am a member of the Pension Fund from **NA** to **NA**.

(c) I **have** withdrawn the amount of my Provident Fund. - **NA**

(d) I **have** withdrawn the amount of my Pension Fund. - **NA**

(e) I **have** drawn any benefits under the Employees Pension Scheme, 1995 in respect of my past service in any establishment. - **NA**

(j) I **have not** contributed to the social security programme in **NA** from **NA** to **NA**, which has not entered into a Social Security Agreement with India.

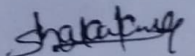
(g) Do you have a Universal Account Number (UAN): **No**

Universal Account Number	Aadhar	NPR	PAN
NA	2823-9441-5451	NA	BLLPH1293R

(h) Bank Account Number Linked with UAN : **NA**

Bank Account Number	IFSC Code
NA	NA

Date : 10/03/2025

  
Signature of employee

(To be filled by the employer)

1) Shri/Smt/Kumari **Shaktikumar Honparkhe** is appointed as **Graduate Trainee** in Tata Consultancy Services Limited, with effect from **27-MAR-2025** bearing Provident Fund Account Number: **MH/BAN/48475/000/** \_\_\_\_\_

*Shafiqul*



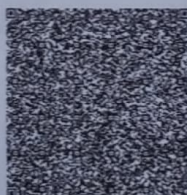
भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2821/29083/06759

To  
शक्ति कुमार देवराव होनपारखे  
Shaktikumar Devrao Honparkhe  
at hajjapur post pimpalgaon,  
tq biloli dist nanded,  
VTC: Pimpalgaon,  
PO: Pimpalgaon,  
Sub District: Deglur,  
District: Nanded,  
State: Maharashtra,  
PIN Code: 431711,  
Mobile: 7447704902

Signature valid  
Digitally signed by Shaktikumar Devrao Honparkhe  
DN: cn=Shaktikumar Devrao Honparkhe, o=Unique Identification Authority of India  
c=IN, email=shaktikumar.devrao.honparkhe@uidai.gov.in, serial=154018, version=1



आपका आधार क्रमांक / Your Aadhaar No. :

2823 9441 5451

VID : 9164 9240 3754 2626

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



शक्ति कुमार देवराव होनपारखे  
Shaktikumar Devrao Honparkhe  
जन्म तिथि/DOB: 08/11/2003  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/ ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

2823 9441 5451

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पर को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या [www.uidai.gov.in](http://www.uidai.gov.in) पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी कार्यों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on [www.uidai.gov.in](http://www.uidai.gov.in).
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

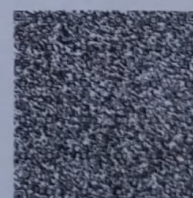


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
मू हज्जापुर पोस्ट पिंपलगाव, ता बिलोली जि नांदेड, पिंपलगाव,  
पिंपलगाव, नांदेड,  
महाराष्ट्र - 431711

Address:  
at hajjapur post pimpalgaon, tq biloli dist nanded,  
Pimpalgaon, PO: Pimpalgaon, DIST: Nanded,  
Maharashtra - 431711



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VID : 9164 9240 3754 2626

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