



## EMPLOYEES' PROVIDENT FUND SCHEME, 1952

(PARA 57)

(This form has been printed on the basis of Online Transfer Claim Form filled up by the member under Unified Portal for submission to the employer.)

To,  
The Regional P.F. Commissioner,  
PUNE,  
2-3rd Flr,Pune Cant. Board Bldg, Near Golibar Maidan, Camp, Pune

Sir,

I request that my Provident Fund balance along with my Pension Service Details may please be transferred to my present account under intimation to me. My details are as under :

**PART A : PERSONAL**

- |                        |                               |
|------------------------|-------------------------------|
| 1. Name                | : MD. KAMRAN UDDIN            |
| 2. Mobile Number       | : 7003590829                  |
| 3. E-mail id           | : kamran.uddin25786@gmail.com |
| 4. Bank Account Number | : 091901514597                |
| 5. Bank IFSC           | : ICIC0000919                 |

**PART B : DETAILS OF PREVIOUS PF ACCOUNTS (WHICH IS TO BE TRANSFERRED)**

- |  |   |
|--|---|
| 1. PF Account No. (with EPFO                             | : PUPUN00342240000732658                            |
| 2. Name of the Establishment                             | : M/S.TECH MAHINDRA LTD                             |
| 3. Address of the Establishment                          | : SHARDA CENTRE OFF., KARVE ROAD ERANDWANE PUNE 601 |
| 4. PF A/C No. held by                                    | : PUNE  |
| 5. Name of the Trust                                     | : NOT APPLICABLE                                    |
| 6. PF A/C No. in Trust                                   | : NOT APPLICABLE                                    |
| 7. Bank A/C No. of Trust                                 | : NOT APPLICABLE                                    |
| 8. IFS Code of the Bank Branch of Trust where account is | : NOT APPLICABLE                                    |
| 9. Member's Name   | : MD. KAMRAN UDDIN                                  |
| 10. Date of Birth  | : 25/02/1994  |
| 11. Father's/Spouse Name                                 | : MAD ALAM UDDIN                                    |
| 12. Relationship   | : FATHER  |
| 13. Date of joining                                      | : 21/01/2019  |
| 14. Date of leaving                                      | : 27/09/2021  |

**PART C : DETAILS OF PRESENT PF**

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|---|--|
| 1. PF Account No. (with EPFO                                | : PYBOM00165730002303466   |
| 2. Name of the Establishment                                | : MPHASIS LIMITED  |
| 3. Address of the Establishment                             | : BAGMANE WORLD TECHNOLOGY CENTRE MARATHALLI,<br>DODDANAKHUNDI VILLAGE MAHADEVAPURA BENGALURU<br>(BANGALORE) URBAN |
| 4. PF A/C No. held by                                       | : TRUST  |
| 5. Name of the Trust  | : MPHASIS GROUP EMPLOYEES PROVIDENT FUND   |
| 6. PF A/C No. in Trust                                      | : PYBOM00165730002303466   |
| 7. Bank A/C No. of Trust                                    | : 50100017019904   |
| 8. IFS Code of the Bank Branch of<br>Trust where account is | : HDFC0000885  |
| 9. Member's Name  | : MD. KAMRAN UDDIN   |
| 10. Date of Birth   | : 25/02/1994   |
| 11. Father's/Spouse Name                                    | : MAD ALAM UDDIN   |
| 12. Relationship  | : FATHER   |
| 13. Date of joining   | : 29/09/2021   |

I, Certify that all the information given above are true to the best of my knowledge and I have ensured the correctness of my present and previous account numbers.

Signature of the member

Note : Member should take a printout of this form and a signed copy of the same should be submitted to the Previous Establishment i.e. M/S.TECH MAHINDRA LTD