



FULL NAME [With Surname]:	MOHIT MISHRA
First Name:	MOHIT
Last Name:	MISHRA
Father's Name & Contact Number:	GIRDHAR MISHRA, 9006297609
Mother's Name & Contact Number:	MEENA DEVI
DATE OF BIRTH:	03-apr-2000
DESIGNATION:	Trainee Software Engineer
DATE OF JOINING:	01-oct-2024
Employee ID	32317
MOBILE NO.:	7549490407
E-MAIL id: PERSONAL	moheetmishra.gaya@gmail.com
E-MAIL id: COMPANY:	mohit.m@idexcel.com
PASSPORT #	
PAN Number	EUMPM1980A
Valid Visa (if any)	
HDFC Account No., if any	
PRESENT ADDRESS:	110/23-2 17 th b main road ,7 th cross kormangala,6 th block Bangalore
PERMANENT ADDRESS:	Mishra auto near mahavir school,swarajpuri road,gaya(BIR),
RESIDENCE NO.:	823001
BLOOD GROUP:	B+
Immediate Contact Person Details:	Name: Sunny singh
	Relation: Friend
	Contact No: 9330106199
Previous HR Contact Details	PH:
	Email ID:

Mohit Mishra

FORM - F
(See Sub-Rule (1) of Rule 6)

NOMINATION

To
M/s. Idexcel Technologies Private Limited
“Crystal Plaza”, # 9-11, Bhuvanappa Layout
Hosur Road,
Bangalore - 560008

(Give name or description of the establishment with full address)

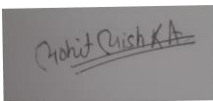
I **Mohit Mishra** whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable or having become payable has not 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) mentioned is a/are member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of gratuity Act, 1972.
3. 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.
5. 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.
6. 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)	(2)	(3)	(4)
Girdhar Mishra	Father	52	50%
Meena Mishra	Mother	48	50%

So On

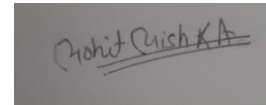


Statement

1. Name of employee in full : **Mohit Mishra**
2. Sex : **Male**
3. Religion : **Hindus**
4. Whether unmarried/married/widow/widower : **Unmarried**
5. Department / branch/Section where employed : **Trainee Software Engineer**
6. Post held with Ticket or Serial No., if any:
7. Date of appointment : **01-oct-2024**
8. Permanent address : **Sant Bhawan opposite Mahavir school,SWARPURI road,gaya(BIR), 823001**

Village: Thana **Kotwali Thana**
Post office : **Head Post Office**

Sub-division **Gaya**



Place : **Bangalore**

Date : **08-oct-2024**

Signature / Thumb-impression
of the employee:

Declaration by witnesses

Fresh nomination signed / thumb-impressed before me.

Name in full and full
address of witnesses

Signature of witnesses

1.

1.

2.

2.

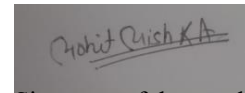
Place:

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
for
idexcel Technologies Pvt. Ltd.,

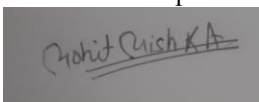
**idexcel Technologies Pvt. Ltd., "Crystal
Plaza", # 9-11, Bhuvanappa Layout
Hosur Road,
Bangalore – 560 029**

Authorised Signatory

Name & Address of the establishment /
Rubber-stamp thereof

Acknowledgment by the employee

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



Pratik Rishik A

Date : 01-oct-2024
Signature of the employee

Pratik Rishik A
applicable.

Note : Strike out the words/paragraphs not

Definition for Family

(h) "Family" in relation to an employee, shall be deemed to consist of –

(i) in the case of a male employee, himself, his wife, his children, whether married or un married, his dependent parents ¹ [and the dependent parents of his wife and the widow] and children of his predeceased son, if any.

(ii) in the case of a female employee, herself husband, her children, whether married, or unmarried, her dependent parents and the dependent parents of her husband and the widow and children of her predeceased son, if any: _____

[1. Substituted for the words "and the widow" by Act No. 22 of 1987, s.2(ii)(a), w.e.f. 1-10-1978]

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)

DECLARATION 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)

Pratik Rishik A

1) NAME (TITLE)

MR.	YES	MS.	MRS.
-----	-----	-----	------

M	O	H	I	T		M	I	S	H	R	A								
---	---	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--

2)

(PLEASE TICK)

3) DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
0	3	0	4	2	0	0	0

Confidential

[illegible]

FATHER	HUSBAND
YES	

MALE	FEMALE	TRANSGENDER
YES		

7	5	4	9	4	9	0	4	0	7
---	---	---	---	---	---	---	---	---	---

m	o	h	e	e	t	m	i	s	h	r	a	.	g	a	y
a	@	g	m	a	i	l	.	c	o	m					

YES	NO NO
' PENSION SCHEME, 1995?	

Chohit Chish KA

YES	NO NO
-----	-------

A. PREVIOUS EMPLOYMENT DETAILS

[illegible]

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER

D	D	M	M	Y	Y	Y	Y	

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

B. OTHER DETAILS

YES	No

Confidential

Mohit Mishra

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

Mohit Mishra

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
		Yes	Yes	Yes			

15) MARITAL STATUS
(PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE
	unmarried		

16)

17) SPECIALLY ABLED (PLEASE TICK)

Mohit Mishra

YES	NO
	No

IF YES, TICK THE CATEGORY

LOCOMOTIVE	VISUAL	HEARING

Mohit Mishra

18) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*	Mohit Mishra	144901000007127	IFSC CODE*
NPR/AADHAAR	Mohi Mishra	553644168842	
PERMANENT ACCOUNT NUMBER (PAN)	Mohit Mishra	EUBPM1980A	
PASSPORT			EXPIRY DATE
DRIVING LICENCE	Mohit Mishra	BR0220220016726	EXPIRY DATE

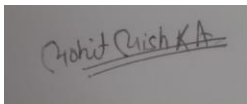
Confidential

ELECTION CARD	Mohit Mishra	RIO2866366	
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:

- 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.



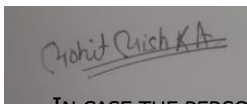
DATE: 08-OCT-2024

PLACE: KORMANGALA

SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER Mr./Ms./Mrs Mohit Mishra HAS JOINED ON 01-oct 2024 AND HAS BEEN ALLOTTED PF MEMBER ID32317.....

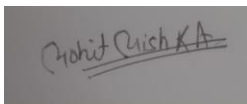


- B. IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995: ☐ **(Post ALLOTMENT OF UAN)** THE UAN ALLOTTED FOR THE MEMBER IS ☐ **(Post PLEASE**

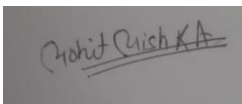
TICK THE APPROPRIATE OPTION:

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

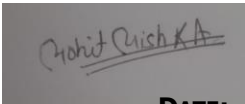


C. IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:

- 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:-

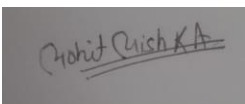
- ☐ THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE BEEN APPROVED WITH DIGITAL SIGNATURE CERTIFICATE AND TRANSFER REQUEST HAS BEEN GENERATED ON PORTAL.
- ☐ AS THE DSC OF ESTABLISHMENT ARE NOT REGISTERED WITH EPFO, THE MEMBER HAS BEEN INFORMED TO FILE PHYSICAL CLAIM (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.



DATE: 08-oct-2024

SIGNATURE OF EMPLOYER

WITH SEAL OF ESTABLISHMENT



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) Name: MOHIT MISHRA Father's / Husband's Name: GIRDHAR Surname: MISHRA

2. Date of Birth:

3. Account No.

4. *Sex: MALE/FEMALE:

5. Marital Status:

6. Address Permanent / Temporary:

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
Girdhar Mishra	Sant Bhawan opp. Mahavir school,sp road,gaya(BIR),823001	Father	25-dec-1971	50%	
Meena Devi	Sant Bhawan opp. Mahavir school,sp road,gaya(BIR),823001	Mother	01-01-1978	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.

3.

* 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)

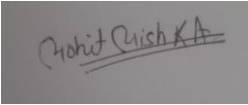
Mohit Mishra KA

Certified that I have no family as defined in para 2 (vii) of the Employees'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

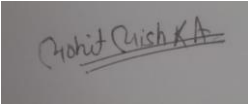
Date :



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: 01-oct-2024

Signature of the employer or other authorised officer of the

establishment

Place: Kormangala

Name & address of the Factory /Establishment

Date : 08-oct-2024

Mohit Mishra



Mediclaime Data Enrollment Form

1	Employee Name	MOHIT MISHRA
2	Employee ID	32317
3	Gender	MALE
4	Date of Birth	03/04/2000

1	Spouse Name	NA
2	Gender	
3	Date of Birth	

1	Child 2	
2	Gender	
3	Date of Birth	

- A. Write the names in block letters in the box. **MOHIT MISHRA**
- B. Date of birth should be in the (DD/MM/YYYY) format 03/04/2000
- C. Name and Date of Birth should be as per Aadhaar card **MOHIT MISHRA (03-APRIL-2000)**

I hereby declare that the particulars stated above are true to the best of my knowledge.

Mohit Mishra

Signature of the Employee

Date: 08-oct-2024

Confidential

