

DOCUMENT REFERENCE GUIDE

Documentation made easy!



IMPORTANT POINTS TO KEEP IN MIND

- The Onboarding process requires you to submit forms & documents as per applicability & according to the mentioned guidelines. This guide details out the form filling process to complete Onboarding.
- Ensure to fill all the forms on **Countdown to Accenture (Action Items) & Workday**, upload required documents in the right format.
- Refer to the below table & review the samples before you start filling the forms. All fields are mandatory & must be filled in.
- You must complete all the forms as per the instructions given below, plug in your DOJ and signature where asked for.
- Some forms require a wet signature as per Statutory compliance requirements, refer to the instructions given on printing and signing.
- If you are unable to view forms on Countdown to Accenture (Action Items) or Workday, please refer to the **Documentation Table** below.
- The Documentation table contains the full list of forms, ensure you check your profile on Countdown to Accenture (Action Items) & Workday to confirm which forms are applicable for you to fill & submit.
- You can also reach out to your **Onboarding POC** (also known as **Experience Manager/Relationship Manager**) for support.

FAQs

ATTRIBUTE	INSTRUCTION
CID	<p>CID stands for Candidate ID and is a unique ID for each candidate. CID starts with a "C" followed by a few numbers.</p> <p>You can refer to the email with Subject line "Congratulations on your job offer from Accenture!"</p>
EMP ID	<p>EMP ID stands for Employee ID.</p> <p>You can also find the EMP ID pre-populated on a few forms on Countdown to Accenture or Workday.</p> <p>If not pre-populated, it will be shared on your Date of Joining (DOJ) by the Onboarding team.</p>
NAME	<p>All forms must be filled with your full Legal Name wherever a Name is asked for.</p>
DATE	<p>Fill in your Date of Joining (DOJ) wherever "Date" is asked for in any of the forms and next to your signature.</p> <p>Refer to the sample forms below to know where you will have to mention DOJ.</p>
CAREER LEVEL (CL) also known as MANAGEMENT LEVEL (ML)	<p>Refer to offer documents for the details.</p>
DESIGNATION	<p>Refer to offer documents for the details.</p>

DOCUMENTATION TABLE

Click on the form name to see the sample.

FORM NAME	HOSTED ON	APPLICABILITY
Self-Declaration - Laterals_Bschool_Execs	Workday	All candidates– applicable post 16 th Jan'25
Self-Declaration - Eschool Campus	Workday	All candidates– applicable post 16 th Jan'25
Declaration – Non-Compete Denial	Workday	All candidates at CL 5,6,7
Mandatory Action to Be Completed on Workday	Workday	All candidates
Women Consent Letter for working in night shift (Template for Ahmedabad)	Action Items	All Female/Trans female candidates <u>except</u> - those with entity as S&C GN & IMU
Women Consent Letter for working in night shift (Template for Gurugram)	Workday	All Female/Trans female candidates <u>except</u> - those with entity as S&C GN & IMU
Women Consent Letter for working in night shift (Template for Mumbai, Pune & Nagpur)	Action Items	All Female/Trans female candidates <u>except</u> - those with entity as S&C GN & IMU
Women Consent Letter for working in night shift (Template for Bengaluru, Bhubaneswar, Chennai, Coimbatore, Hyderabad, *Indore, Jaipur, Kolkata, Kochi, New Delhi, Noida, Thiruvananthapuram, Tiruchirappalli)	Workday	All Female/Trans female candidates <u>except</u> - those with entity as S&C GN & IMU
Appointment Order (Karnataka) - Form Q	Action Items	All candidates with joining location as Bengaluru
Appointment Letter (West Bengal) – Form X	Workday	All candidates with joining location as Kolkata
Letter of Appointment (Kerala- Thiruvananthapuram) - Form BC	Action Items	All candidates with joining location as Thiruvananthapuram
Letter of Appointment (Kerala - Kochi)- Form BC	Action Items	All candidates with joining location as Kochi
Letter of Appointment (Telangana)- Form XXVI	Action Items	All candidates with joining location as Telangana

DOCUMENTATION TABLE

Click on the form name to see the sample.

FORM NAME	HOSTED ON	APPLICABILITY
Form 11 - Employees' Provident Fund Organization Composite Declaration Form	Action Items	All candidates
Gratuity Nomination - FORM F	Action Items	All candidates
Nomination Form - Employees Provident Funds and Employees' Pension Schemes	Action Items	As applicable
Nomination Form - Other Benefits	Action Items	All candidates
Declaration Form - Employees' State Insurance Corporation (ESIC)	Action Items	As applicable



Self-Declaration

As part of my employment agreement with Accenture Solutions Private Limited (Accenture), I must submit the following documents listed in this form to continue my employment. This must be completed in the manner as contained therein and as stipulated within the timelines communicated by Accenture.

Mandatory Documents

The mandatory documents are necessary for the compliance with regulatory requirements by Accenture, including but not limited to enrolment for provident funds, employee pension, etc. I will provide the following documents:

- PAN Card/PAN card acknowledgement letter
- Aadhar card (not for identity purposes)
- Last working day proof (on the date of joining)

Onboarding Documentation

I understand that if I onboard in person, I must upload/submit the following documents (where applicable) on or before my Date of Joining. In case I am onboarding virtually, I will need to submit the required documentation within 15 days of my date of joining (except for employment documents which can be submitted within 60 calendar days of joining).

List of Onboarding Documentation:

- Mandatory Statutory Documents/Forms:
 - Appointment Order (Karnataka) - Form Q (if applicable)
 - Appointment Letter (West Bengal) – Form X (if applicable)
 - Letter of Appointment (Kerala) – Form BC (if applicable)
 - Form 11 – Employees' Provident Fund Organization Composite Declaration Form
 - Nomination Form - Employees Provident Funds and Employees' Pension Schemes or a downloaded copy of the e-nomination (if e-nomination has been completed on the EPFO portal)
 - Nomination Form - Other Benefits
 - Gratuity Nomination - Form F
 - Declaration Form – Employees' State Insurance Corporation (if applicable)
 - Women Consent Letter for working in night shift (if applicable)
- Mandatory Accenture Documents/Forms:
 - Highest education document [Provisional Degree Certificate/Convocation certificate] (if applicable)
 - Relieving letter/Full and Final settlement document/Service certificate
 - Non-compete denial letter (if applicable)
 - New Joiner Confidential Information Checklist (if applicable)
 - PF passbook (if applicable)
 - Bank details for disbursement of ESIC benefits (if applicable)

In case any of the submitted forms/documents are found inadequate post review, I will be required to resubmit the required documents to the organization.

Consequence of Non-Compliance

The Company may, in its sole discretion, choose to terminate / suspend my employment or take any other necessary disciplinary action as deemed appropriate if I fail to submit the aforementioned required mandatory documents within the timeframe mentioned in this declaration.

Acknowledgements:

I completely understand that accuracy of the information being submitted by me is critical and Accenture at this stage will act on information submitted by me. In the event there is discrepancy(ies) found in information I submit, the information will be corrected and resubmitted. Accenture would not take any responsibility for any contingencies related to the same including but not limited to issues with submission of social security contributions and other contributions to be made on my behalf.

I also undertake to provide signed copies of above documents as and when required by Accenture. (To which I understand I will be duly communicated by Accenture). This will be a condition precedent to my terms of employment.

I am hereby voluntarily providing this declaration,

Signature: **<provide your e-signature>**

Candidate Name: **<fill in your full legal name>**

CID: **<fill in your Candidate ID>**

Employee ID: **<fill in your Employee ID>**



Self-Declaration

As part of my employment agreement with Accenture Solutions Private Limited (Accenture), I must submit the following documents listed in this form to continue my employment. This must be completed in the manner as contained therein and as stipulated within the timelines communicated by Accenture.

Mandatory Documents

These mandatory documents are necessary for the compliance with regulatory requirements by Accenture, including but not limited to enrolment for provident funds, employee pension, etc. I will provide the following documents:

- PAN Card/PAN card acknowledgement letter
- Aadhar card (not for identity purposes)
- Last working day proof (on the date of joining)

Onboarding Documentation

I understand that if I onboard in person, I must upload/submit the following documents (where applicable) on or before my Date of Joining. If I onboard virtually, I must submit these documents within 15 days of my Date of Joining (except for education documents which can be submitted within 180 calendar days of joining).

List of Onboarding Documentation:

- Mandatory Statutory Documents/Forms:
 - Appointment Order (Karnataka) - Form Q (if applicable)
 - Appointment Letter West Bengal) – Form X (if applicable)
 - Letter of Appointment (Kerala) - Form BC (if applicable)
 - Form 11 – Employees' Provident Fund Organization Composite Declaration Form
 - Nomination Form - Employees Provident Funds and Employees' Pension Schemes or a downloaded copy of the e-nomination (if e-nomination has been completed on the EPFO portal)
 - Nomination Form - Other Benefits
 - Gratuity Nomination - Form F
 - Declaration Form – Employees' State Insurance Corporation (if applicable)
 - Women Consent Letter for working in night shift (if applicable)
- Mandatory Accenture Documents/Forms:
 - Educational Documents
 - If current year undergraduate - Mark sheets of 7th & 8th Semester.
 - If current year postgraduate - Mark sheets of 3rd & 4th Semester
 - Certifications (if any)
 - Highest Education Document [Provisional Degree certificate/Convocation certificate]
 - Relieving letter/Full and Final settlement document/Service certificate (if applicable)
 - PF passbook (if applicable)
 - Bank details for disbursement of ESIC benefits (if applicable)

In the event that you cannot access the portal, you can e-mail the documents to Onboarding.Doc.ASE@accenture.com.

Conditions for Employment

I understand that the offer of employment with Accenture (herein after referred to as "Company") is contingent upon:

- Submission of all mandatory documents as listed above.
- Successful completion of the qualifying examination from your college and submission of my mark sheet copies on the day of onboarding. For **Advanced App Engineering Analyst** – Same to be submitted with an aggregate of 65% or 6.5 CGPA.
- Submission of all copies of original mark sheets if internet copies provided with provisional degree certificate OR Final year/term copies of original mark sheet if internet copies provided with convocation certificate OR Consolidated copies of original mark sheet if internet copies provided with convocation certificate from 180 days of joining.
- Submission of all copies of original marksheets is mandatory. If you are a current year undergraduate/postgraduate, you need to submit the final year mark sheets within 180 days of joining.
- In case any of the submitted forms/documents are found inadequate post review, I will be required to resubmit the same to the organization.

Consequence of Non-Compliance

The Company may, in its sole discretion, choose to terminate / suspend my employment or take any other necessary disciplinary action as deemed appropriate if I fail to submit the aforementioned required mandatory documents within the timeframe mentioned in this declaration.

Acknowledgements:

I will report to the same location communicated to me during my onboarding process.

I completely understand that accuracy of the information being submitted by me is critical and Accenture at this stage will act on information submitted by me. In the event there is discrepancy(ies) found in information I submit, the information will be corrected and resubmitted. Accenture will not take any responsibility for any contingencies related to the same (including but not limited to) issues with submission of social security contributions and other contributions to be made on my behalf.

Throughout the training and assessments, I acknowledge that Accenture expects that no unethical or unauthorized means (including but not limited to impersonation, providing misleading information, or misrepresentation) will be used. A breach of these requirements will entitle Accenture to take necessary and appropriate actions.

I voluntarily provide this declaration and agree to provide signed copies of above documents as and when required by Accenture. This will be a condition precedent to my terms of employment.

I am hereby voluntarily providing this declaration,

Signature: **<provide your e-signature>**
Candidate Name: **<fill in your full legal name>**
CID: **<fill in your Candidate ID>**
Employee ID: **<fill in your Employee ID>**

:



NON-COMPETE (DENIAL) LETTER

<Date of form generation> <Auto populated; if you are filling this manually, please enter your date of joining>

CID <fill in your Candidate ID>

Hi (First Name), <fill in your first name>

As a follow up to our recent discussion, I confirm, by signing this letter, that I do not have an agreement with any third party that puts any restrictions on my ability to conduct business if I were to join Accenture (the "Organization"). Such restrictions include but are not limited to: non-competition provisions and client based staffing restrictions.

I further understand and acknowledge that if I join the Organization, the Organization will not reimburse or hold me harmless for costs or any liability incurred in connection with a decision to accept employment or any liability incurred in connection with any actions that may be brought by any prior employer.

ACKNOWLEDGED & AGREED.

<fill in your full legal name>

(Full Legal Name)

<provide your e-signature>

(Candidate's Signature & date)



Below are the mandatory tasks to be completed under Wave 1 (as applicable):

1. Accept Privacy Statement.
2. Updating Personal information,
3. Contact Information,
4. Emergency Contact Information, and
5. New Joiner Confidential Information Checklist applicable only for management levels 5, 6 and 7.

1. Accept Privacy Statement:

Login to Workday, open your inbox, select '**Accept Privacy Statement**', review the details and links, then click **Submit**.

2. Updating Personal information:

Next, open the '**Personal Information**' task. Review the pre-filled details, edit if needed after your joining date, and add any additional information. Supporting documents may be requested for verification.



3. Contact Information:

Step 1: Open the 'Contact Information' task.

Step 2: Enter your **permanent address** – this is mandatory

3. Contact Information:

Step 3: Enter your **mailing address, this is where you reside** - also mandatory, even if it's the same as your permanent one. Select the correct **usage type** for each

Step 4: Do **not** enter an office address

Step 5: Review or update your **phone number** and **email ID**.



4. Emergency Contact Information:

Next, open the **'Emergency Contact Information'** task and add a **mandatory emergency contact**, including their name, relationship, phone number, and email ID.

5. New Joiner Confidential Information:

Lastly, open the **'New Joiner Confidential Information Checklist'** - applicable only for management levels **5, 6, or 7**. Review the statements, select the appropriate responses, and click **Submit**



This document needs to be printed and then signed. Further instructions on handover of this document will be shared closer to your Date of Joining.

Form – J

(See Rule II)

CONSENT OF WOMEN WORKER TO WORK IN NIGHTSHIFT

I Miss /Smt.<fill in your full legal name>..... residing at
 ...<fill in your full address>..... (Full Address) state that I am working
 as (Designation) ...<fill in your designation as per Accenture Offer Letter>.....in M/s.....<fill in "Accenture
 Solutions Private Limited">.....since.....<fill in your Accenture Date of Joining>..... I am aware
 that-

The employer will provide safe transport facility from the doorstep of my residence to the place of
 work and vice - versa and that there will be least three women worker working in the nightshift and
 that there is a Committee to prevent sexual harassment at work place under the Chairmanship
 of Smt.<fill in "Disha Singh">.....

I am therefore willing to work at nightshift for the period from<fill in your Accenture Date of Joining>
to.....<please leave this blank>..... period.

Date: <fill in your Accenture Date of Joining>

<provide your wet signature>

Place: <fill in your Accenture joining location>

Signature/Thumb

Impression

of the Women worker

Name, Address Signature of Witnesses

1 ...<Witness will take on day 1 at office>.....

2 ...<Witness will take on day 1 at office>.....



This document needs to be printed and then signed. Further instructions on handover of this document will be shared closer to your Date of Joining.

Women consent letter for working in night shift

To

Date **<fill in your Accenture Date of Joining>**

The Labour Commissioner
Gurgaon, Haryana,

Dear Sir / Madam,

I, **<fill in your full legal name>** bearing employee ID **<fill in your Employee ID>** of M/s Accenture Solutions Private Limited, Gurgaon do hereby declare and affirm that the management provides home pick-up and drop facility to women employees working during night shifts, accompanied by either a security guard or a male employee as applicable. It is also stated that the management is adhering to the harassment policy of the Company which also covers the sexual harassment policy. I do not have any objection if exemption under section 30* of the Shops and Establishment Act, is granted to the management.

Thanks & Regards

Signature **<provide your wet signature>**

Employee Name **<fill in your full legal name>**

*Section 30 of the Shops and Establishment Act

30. CONDITIONS OF EMPLOYMENT OF WOMEN.-

(1) No woman shall be required or allowed to work whether as an employee or otherwise in any establishment during night:

(2) No employer of any establishment shall knowingly employ a woman and no woman shall engage in employment in any establishment during six weeks following the day of her confinement or miscarriage.

(3) Government may prescribe further conditions in respect of employment of women employed about the business of establishments or any class of them, including if it thinks fit, conditions with respect to the daily period of employment, leave, and other matters and no woman shall be employed otherwise than in accordance with these conditions.



This document needs to be printed and then signed. Further instructions on handover of this document will be shared closer to your Date of Joining.

Form – L

(Rule 13 under Maharashtra Shops and Establishments (Regulation Of Employment and Conditions Of Service) Rules, 2018)

CONSENT OF WOMEN WORKER TO WORK IN NIGHT SHIFT

I Miss/Smt, <fill in your full legal name> residing at <fill in your full address> (Full Address) state that I am working at (Management Level) <fill in your Management Level as per Accenture Offer letter> in M/s Accenture Solutions Private Limited since <fill in your Accenture date of joining>

I am aware that, -

The employer will provide separate safe and secure transport facility from the doorsteps of my residence to place of work and vice-versa- and that there will be at least three women working in the nightshift and that there is a committee to prevent sexual harassment at workplace under the Chairmanship of Smt.** fill in "Pooja Singh"

I am therefore willing to work at nightshift for the period from <fill in your Accenture date of joining> to <please leave this blank> period

Date: <fill in your Accenture date of joining>

Place: <fill in your Accenture joining location>

<provide your wet signature>

Signature of the Women workmen

Name, address and Signature of witness

- 1) <Witness will take on day 1 at office>
- 2) <Witness will take on day 1 at office>

Note: ** The Chairman of Committee to prevent Sexual Harassment may be changing from time to time due to Rotation, change in their employment status with Accenture or any other circumstances as deemed applicable. Therefore, Employees have been informed to refer to Accenture Policy &/or List of Committee Members published on the Notice Board for latest information on this.

ALL* FEMALE & TRANS-FEMALE CANDIDATES WITH JOINING LOCATION – Bengaluru, Bhubaneswar, Chennai, Coimbatore, Hyderabad, Indore, Jaipur, Kolkata, Kochi, New Delhi, Noida, Thiruvananthapuram, Tiruchirappalli

***refer to Documentation table for exclusion criteria.**



This document needs to be printed and then signed. Further instructions on handover of this document will be shared closer to your Date of Joining.

Women consent letter for working in night shift

Declaration

I, **<fill in your full legal name>**,

Employee ID: **<fill in your Employee ID>**

Career Level and Designation: **<fill in your career level & designation as per Accenture Offer letter>**

Location: **<fill in your Accenture joining location>**

Do hereby confirm my willingness to work in any shift including night shift. I am aware that the shift times are subject to change, and I agree to adhere to the same.

I also hereby confirm that I am aware of the Accenture Transport Policy and the provision whereby home pick-up and drop facility is provided to women employees working during night shifts, accompanied by either a security guard or a male employee as applicable. I am also aware of the Accenture Transport helpline numbers which I can call in case of any emergency.

Signature: **<provide your wet signature>**

Date: **<fill in your Accenture date of joining>**




★ This document needs to be printed and then signed. Further instructions on handover of this document will be shared closer to your Date of Joining.

FORM Q

[See Rule 24(9A)]

APPOINTMENT ORDER

1. Name & Address of the Establishment	Accenture Solutions Pvt. Ltd. Plant 3, Godrej & Boyce Complex, Pirojshanagar, LBS Marg, Vikhroli (West), Mumbai - 400079, INDIA
2. Name & Address of the Employer (Joining Location)	<fill in your Accenture joining location>
3. Name of the Employee	<fill in your full legal name>
4. His/Her Postal Address	<fill in your complete postal address>
5. His/Her Permanent Address	<fill in your complete permanent address>
6. Father/Husband Name	<fill in your father/spouse's name>
7. Date of Birth (dd-mm-yyyy)	<fill in your date of birth>
8. Date of his/her entry into employment. (DOJ – dd-mm-yyyy)	<fill in your Accenture date of joining>
9. Designation (Management Level)	<fill in your management level as per Accenture Offer Letter>
10. Nature of work entrusted to him/her (Role)	<fill in your designation as per Accenture Offer Letter>
11. His/Her serial number in the Register of employment (CID)	<fill in your Candidate ID>
12. Rate of wages payable to him/her	Refer to offer documents
Place: <fill in your Accenture joining location>	
Date: <fill in your Accenture date of joining>	
<provide your wet signature & Accenture date of joining> Acknowledgement by the employee with date & signature	Accenture Solutions Private Limited



This document needs to be printed and then signed. Further instructions on handover of this document will be shared closer to your Date of Joining.

FORM - X

APPOINTMENT LETTER

(Prescribed under Rule 53 of the West Bengal Shop & Establishment Rules, 1964)

Name of the Establishment	Accenture Solutions Pvt. Ltd
Address (Joining Location to Capture)	Accenture Solutions Pvt. Ltd., KDC 1, Block-B, Tower-III, 'Infospace' Unitech Hitech Structure Ltd., IT/ITES SEZ, Plot No. DH-1, DH-3 & DH-3/1 Block No-DH, Action Area-1, New Town, Kolkata-700156, West Bengal
Name of the Employer Accenture Solutions Pvt. Ltd	Register office Address Accenture Solutions Pvt. Ltd. Plant 3, Godrej & Boyce Complex, Pirojshanagar, LBS Marg, Vikhroli (West), Mumbai - 400079, INDIA
Registration No	S & E Registration Number NP04662P2020000019
<p>S. No. (1) Shri / Smt _____ <fill in your full legal name> (name of the employee)</p> <p>is appointed as _____ <fill in your career level as per Accenture Offer Letter> (role/career level</p> <p>as per offer letter) in this Establishment with effect from _____ <fill in your Accenture date of joining> (DOJ – dd-mm-yyyy)</p>	
S. No. (2) His / her appointment is on probationary basis for six months which may thereafter be changed to permanent basis.	
S. No. (3) His/her Scale of pay/rate of increment wages per annum shall be as per the offer document.	
<p>S. No (4) He / she will draw total wages per month i.e. CTC/12 months. Yearly composed to the following namely i) Basic pay of ii) Dearness allowance iii) Other allowance</p>	Refer to offer documents

<provide your wet signature>

Signature of the Employee

Signature of the Employer



Place: **<fill in your Accenture joining location>**

Date: **<fill in your Accenture date of joining>**

Note:- Strike out the words which are not applicable .

The Government of West Bengal has allowed the Employer / Shop - keeper to substitute its own appointment letter which substantially contain the particulars specified in Form - X *and if prior approval is taken from State Government.*



This document needs to be printed and then signed. Further instructions on handover of this document will be shared closer to your Date of Joining.

FORM - BC LETTER OF APPOINTMENT

FORM BC

[See Rule 2J (1)]

LETTER OF APPOINTMENT

No. **<fill in your Employee ID>**

1. Registration No. of the establishment. **SH010070032139**

2. Name and address of the establishment with pin code, telephone/mobile number.

Accenture Solutions Pvt. Ltd.,
No. 98/3715-4, The Atomic", 1st floor, Near Technopark Phase-I,
Kazhakuttam post, Trivandrum, Kerala, India-695582.
+912240443934

3. Name of the employer. ACCENTURE SOLUTIONS PVT. LTD.

4. Name and address of the employee. **<fill in your full legal name & current address in Kerala>**

Shri/Smt.....**<fill in your full legal name>**.....aged.....**<please spell out your age>**..... years S/o or D/o or W/o.....**<fill in your father/spouse's name>**.....residing at**<fill in your complete local address>**..... is appointed as.....**<fill in your designation as per Accenture Offer Letter>**.....(designation) in this establishment with effect from.....**<DOJ "DD-MM-YYYY">**.....(date). He/she is appointed/engaged with a monthly wages/salary of Rs.... refer to offer documents....(Rupees....only) and is entitled to other allowances and statutory benefits as per the law in force.

Place: **<fill in your Accenture joining location>**

Date: **<fill in your Accenture date of joining>**

Signature of employer

Name and seal of the employer



<provide your wet signature>

Signature of the employee:

Note: For clarifications, visit the Contact Us page to select a category and log your request.



This document needs to be printed and then signed. Further instructions on handover of this document will be shared closer to your Date of Joining.

FORM BC

[See Rule 2J (1)]

LETTER OF APPOINTMENT

No. **<fill in your Employee ID>**

- Registration No. of the establishment **SH070220092546**
- Name and address of the establishment with pincode, telephone/mobile number
**Accenture Solutions Pvt. Ltd.,
6th Floor, Tower A, Unit No. 603 and 604,
World Trade Centre, Cochin, Infopark SEZ, Infopark,
P.O., Kakkanad, Ernakulam, Kerala, 682042
+912240443934**
- Name of the employer **Accenture Solutions Pvt. Ltd.**
- Name and address of the employee. **<fill in your full legal name & current address in Kerala>**

Shri/Smt.....**<fill in your full legal name>**.....aged.....**<please spell out your age>**.....years S/o or D/o or W/o.....**<fill in your father/spouse's name>**.....residing at.....**<fill in your complete local address>**..... is appointed as**<fill in your designation as per Accenture Offer Letter>**.....(designation) in this establishment with effect from.....**<DOJ "DD-MM-YYYY">**.....(date). He/she is appointed/engaged with a monthly wages/salary of Rs.....refer to the offer documents..... (Rupees only) and is entitled to other allowances and statutory benefits as per the law in force.

Place: **<fill in your Accenture joining location>**Date: **<fill in your Accenture date of joining>**

Signature of employer

Name and seal of the employer

**<provide your wet signature>**

Signature of the employee:

Note: For clarifications, visit the Contact Us page to select a category and log your request.



This document needs to be printed and then signed. Further instructions on handover of this document will be shared closer to your Date of Joining.

FORM-XXVI

[See Rule-30]

Letter of Appointment

Name and address of the employer.

Accenture Solutions Pvt. Ltd. having it's registered office at
Plant 3, Godrej & Boyce Complex, Lal Bahadur Shastri Road,
Pirojshanagar, Vikhroli West, Mumbai, Maharashtra, India, 400079

Passport size photo
of the employee
duly attested by
the employee

Name and Address of the Establishment

Accenture Solution Pvt. Ltd.,
Survey No.115(Part 1), Waverock building, APIIC(IT/ITES SEZ),
Nanankramguda Serilingampally Village, Ranga Reddy District,
Hyderabad-500032

Registration No. VSEZ-TN S&E-266-2022

Sri/Srimathi/Kumari, <<Full Legal Name>>

Son/Wife/Daughter/ of <<fill in your father/spouse's name>>

Aged ...<< Age in words>>...Date of Birth<< dd/mm/yyyy>> is appointed as<< Designation>>..... in this
Establishment with effect from...<< dd/mm/yyyy>>.....in the scale of pay of Rs... refer to the offer documents

2. His/her scale of pay/rate of increment in wages.... refer to the offer documents...) shall be.

3. He/she will draw a total...refer to the offer documents.... Per day/week/month

To Sri/Smt./Kumari,

<< Full legal name & local address in Telangana>>

Signature of the employee

Signature of employer

Name and seal of the employer

Associate Director
India Lead – HR Services





This document needs to be printed and then signed. Further instructions on handover of this document will be shared closer to your Date of Joining.

For steps to generate your UAN, click the [link](#) (for freshers only)

Employees' Provident Fund Organization Composite Declaration Form

<fill in your Employee ID>

www.epfindia.gov.in



Composite Declaration Form -11
(To be retained by the employer for Future)

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

1	Name of the member		<fill in your full legal name>					
2	Father's Name Spouse's Name		<fill in your father/spouse's name>					
3	Date of Birth: (DD / MM / YYYY)		<fill in your date of birth>					
4	Gender: (Male/Female/Transgender)		<fill in your gender>					
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)		<fill in your marital status>					
6	(a) Email ID: (b) Mobile No.:		<fill in your personal email ID & phone number>					
7	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)		<fill in your Accenture Date of Joining>					
8	KYC Details: (attach self attested copies of following KYCs)							
	a) Bank Account No. :	<fill in your bank details & IFS code>						
	b) IFS Code of the branch:	<fill in your Aadhar number>						
	c) Aadhar Number d) Permanent Account Number (PAN), if available	<fill in your PAN number>						
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952		If you have a pf account in your previous Org, then mention "YES", or else "NO"					
10	Whether earlier a member of Employees' Pension Scheme, 1995		If you are a member of EPS (Employee Pension Scheme) then mention "YES" or else "NO"					
Previous employment details: [if Yes to 9 AND/OR 10 above] - Un-exempted								
11	Establishment Name & Address	Universal Account Number	PF Account Number	Date of Joining (DD/MM/YYYY)	Date of Exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	PPO Number (if issued)	Non Contributory Period (NCP) Days
Previous employment details: [if Yes to 9 AND/OR 10 above] — For Exempted Trusts								
12	Name & Address of the Trust	UAN	Member EPS A/c Number	Date of Joining (DD/MM/YYYY)	Date of Exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	Non Contributory Period (NCP) Days	
13	a) International Worker:		Please mention "Yes/No"					
	b) If yes, state country of origin (India/Name of other country)							
	c) Passport No.							
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]							

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/e-KYC purpose for Service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account as I am an Aadhar verified employee in my previous PF Account.*
- 4) In use of changes in alive details, the same will be intimated to employer at the earliest.

Date: **<fill in your Accenture Date of Joining>**

<provide your wet signature>

Place: **<fill in your Accenture joining location>**

Signature Of Member

DECLARATION BY PRESENT EMPLOYER

A. The Member Mr/ Ms/Mrs ... has joined on..... allotted PF No.and UAN.....

B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:

• **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/e-Sign.

C. In case the person was earlier member of EPF Scheme, 1952 and EPS 1995.

• **Please Tick the Appropriate Option:-**

- ☐ The KYC details of the above member in the UAN database have been approved with E-sign/Digital Signature Certificate and transfer request has been generated on portal
- ☐ The previous Account of the member is not Aadhar verified and hence physical transfer from shall be initiated.

Date:

Signature of Employer with Seal of Establishment

*Auto transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Fomi-13) for transfer of account from the previous establishment

Declaration for Provident Fund to be submitted along with the Form 11 and PF passbook copy (if applicable) by New Joiner Employee.

Part A

(For new joiners who were not member of Provident Fund i.e. Employees Provident Fund Scheme and answered question No 9 in PF- Form 11 as "No")

I confirm that I have never been a member of Provident Fund (PF) i.e. Employees Provident Fund Scheme 1952 ("**EPF Scheme, 1952**") and Employees' Pension Scheme, 1995 ("**EPS, 1995**") or any other Pension Scheme ("**EPFO Pension Scheme**") under the Employees Provident Fund Organisation, earlier as I was not employed /employed but not a member of any schemes under Employees Provident Fund Organisation.

I confirm that since I was not a member of EPF scheme earlier, I have no PF Accumulation from earlier employment to be transferred to Accenture PF account.

Also as my basic salary is above Rs 15k per month and this is the first time I will be enrolled as a member under the Employees Provident Fund Organisation, I am not eligible for membership of Employees Pension Scheme, 1995 (EPS).

I understand that Accenture Solutions Private Limited is un exempted establishment, and PF at Accenture is managed/administered externally by EPFO and any incorrect /partial information provided may impact my PF transactions adversely.

Signature: **<provide your wet signature>**

Name: **<fill in your full legal name>**

Employee ID: **<fill in your Employee ID>**

Part B(i)

(For new joiners who were member of Provident Fund i.e. Employees Provident Fund Scheme and answered question No 9 in PF- Form 11 as "Yes")

I have completely **withdrawn/not withdrawn** (tick appropriate) my PF accumulation with previous Organisation/s prior to joining Accenture.

In case completely withdrawal of PF accumulation, I understand that since I have withdrawn my PF accumulation completely, prior to joining Accenture so I would have no PF Accumulation from earlier employment to be transferred to Accenture PF account. Also, in case my basic salary is above Rs 15k per month I will not be made member of Employees Pension Scheme, 1995 (EPS) or treated according to prevailing PF/EPS norms.

In case, I have not withdrawn, my PF accumulation I understand that I need to transfer my PF accumulation with previous Organisation/s prior to joining Accenture to Accenture PF account. Also in case my basic salary is above Rs 15k per month and I was contributing to Employees Pension Scheme, 1995 in my earlier organisations or any other pension scheme under the Employees Provident Fund Organisation, I shall also be enrolled as a member of Employees Pension Scheme, 1995 (EPS) and my EPS contribution will be treated as per prevailing PF/EPS norms.

I understand that Accenture Solutions Private Limited is un exempted establishment, and PF at Accenture is managed/administered externally by EPFO and any incorrect /partial information provided may impact my PF transactions adversely.

Signature: **<provide your wet signature>**

Name: **<fill in your full legal name>**

Employee ID: **<fill in your Employee ID>**

Part -B(ii)

(For new joiners who were not enrolled as member of Employees Provident Fund Organisation but were contributing to Provident Fund in their previous employer's Provident Fund Trust, recognized as an exempted Provident Fund Trust by the Employees Provident Fund Organisation)

I confirm that I have been a member of Provident Fund (PF) through my previous organisation's exempted Provident Fund Trust with PF number _____ <<PF Number>> _____ (include PF number and name of exempted PF trust) and have been/not been contributing (strikeout whichever is not applicable) to the Employees' Pension Scheme through my previous organization's exempted PF trust. My Pension account number is _____ (insert Pension Account Number).

I have withdrawn /not withdrawn (strikeout whichever is not applicable) my PF accumulation with previous organisation's exempted PF trust prior to joining Accenture.

In case of complete withdrawal of PF accumulation, I understand that since I have withdrawn my PF accumulation with previous Organisation's PF trust prior to joining Accenture, I have no PF Accumulation from earlier employment to be transferred to Accenture PF account. Also, since in case my basic salary is above Rs 15k per month I will not be made member of Employees' Pension Scheme, 1995 (EPS) and shall be treated according to prevailing PF/EPS norms.

In case not withdrawn, I understand that I need to transfer my PF accumulation with previous Organisation's exempted PF trust prior to joining Accenture to Accenture PF account. Also in case my basic salary is above Rs 15k per month and I was contributing to Employees Pension Scheme, 1995 through my previous organisation's PF trust, I shall be enrolled as a member of Employees Pension Scheme, 1995 (EPS) and my EPS contribution shall be treated as per prevailing PF/EPS norms .

I understand that Accenture Solutions Private Limited is unexempted establishment, and PF at Accenture is managed/administered externally by EPFO and any incorrect /partial information provided may impact my PF transactions adversely.

Signature: <provide your wet signature>

Name: <fill in your full legal name>

Employee ID: <fill in your Employee ID>



★ This document needs to be printed and then signed. Further instructions on handover of this document will be shared closer to your Date of Joining.

GF_(Employee Code) :

<fill in your Employee ID>

FORM F

Nomination under Payment of Gratuity Act, 1972 [Rule 6(1)]

Name	<fill in your full legal name>	Father Name/ Husband Name	<fill in your father/spouse's name>	Sur Nam e	<fill in your surname>
Sex	<fill in your gender>	Employee Code	<fill in your Employee ID>		
Religion	<fill in your religion>	Marital Status	<fill in your marital status>		
Date of Birth	<fill in your date of birth DD/MM/YYYY>	Permanent Address:	<fill in your permanent address>		
Date of Joining		<fill in your Accenture Date of Joining>			
I 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 names(s) of the nominee(s).					
Sr.No	Name in Full with full address of Nominee/s	Relationship with the Employee	Age of Nominee/s	Proportion by which Gratuity will be shared	
	<mention the name of the nominee /nominees>	<mention your relationship with the nominee>	<mention Nominee age>	<mention the percentage to be paid to each nominee> Total should be 100%	

2. I have no family and should I acquire a family hereafter, the above nominations shall be deemed to be cancelled and fresh nominations in favor of one or more of my family members shall be provided by me.
 3. 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.
 4. I hereby declare that I have no family within the meaning of clause (h) of section 2 of the said Act.
 - 5 (a). I hereby certify that my father/mother/parents is/are not dependent on me.
(b). My husband's father/mother/parents is/are not dependent on my husband.
 6. I have excluded my husband from my family by a notice datedto the controlling authority in terms of the proviso to clause (h) of section 2 of the said Act.
 7. Nomination made herein invalidates my previous nomination.
- Strike out the words/paragraphs not applicable.**

Dated this **<date>** day of **<month>** 2025 at **<your joining location>**

Declaration By Witnesses Nomination signed/thumb impressed before me.		<provide your wet signature> Signature of Employee
Name in full and full address of witnesses Signature of witnesses 1. _____ 2. _____		
Place: <fill in your Accenture Joining Location>	Date: <fill in your Accenture Date of Joining>	
CERTIFICATE BY THE EMPLOYER		
Certified that the particulars of the above nomination & declaration have been verified and recorded in the establishment.		
Place:		Signature of the Trustee/Authorised person For Self and co-Trustees of Accenture Employees Group Gratuity cum Life Assurance scheme.
Date:	_____	
ACKNOWLEDGMENT BY THE EMPLOYEE		
Received the duplicate copy of Nomination in Form F filed by me and duly certified by the Employer.		
Place:	<fill in your Accenture Joining Location>	<provide your wet signature> Signature of Employee
Date:	<fill in your Accenture Date of Joining>	
GF_		



Nomination Form - Employees Provident Funds and Employees' Pension Schemes

★ If candidate has completed E-nomination at EPFO portal below actions can be ignored, proof of e-nomination confirmation is needed. Steps to download e-nomination confirmation are EPFO-> UAN log in->Manage tab-> Download e nomination. Please carry a print copy of this confirmation on your Date of Joining.

★ If e-nomination is not complete on the EPFO portal, the below form needs to be printed and then signed. Further instructions on handover of this document will be shared closer to your Date of Joining.

Employee No: <fill in your Employee ID>

Date of Joining <fill in your Accenture Date of Joining >

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED AND EXEMPTED ESTABLISHMENTS

Declaration and nomination Form under the Employee's Provident Funds and Employee's Pension Scheme. (Paragraph 33 and 61(1) of Employee's Provident Fund Scheme, 1952 and Paragraph 18 of Employee's Pension Scheme, 1995)

Name (in Block Letters)	<fill in your full legal name>			
Father's / Husband's Name	<fill in your father/spouse's name>			
Date of Birth	<fill in your date of birth>			
Sex	<fill in your gender>			
Marital Status	<mention your marital status>			
PF Account No	MH/BAN/45665/<keep this blank>			
Present Address	<fill in your present address>			
Permanent Address	<fill in your permanent address>			
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 /nominees	Nominee's relationship with the member	Date of Birth	Total amount or share of Accumulations in Provident Fund to be paid to each Nominee (percentage)	If the Nominee is a minor, name and relationship & address of the guardian who may receive the amount during the minority of nominee
<mention the name of the nominee/nominees>	<mention your relationship with the nominee>	<mention nominee's date of birth>	<mention the percentage to be paid to each nominee> Total % cannot be less than 100%	
<p>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.</p> <p>2. * Certified that my father /mother is / are dependent upon me.</p> <p>* Strike out whichever is not applicable.</p>				
				<p><provide your wet signature> X Signature of the Employee</p>

Part -B (EPS) (Para-18)

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

SR.NO	Name & Address of the Family Members	Date of Birth	Relationship with Member
	<fill in this nomination table if you are married>		

** Certified that I have no family, as defined para 2 (vii) of the Employees' 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) (i) & (ii) in the event of my death without leaving any eligible family member/s for receiving pension.

SR.NO	Name & Address of the Family Members	Date of Birth	Relationship with Member
	<fill in this nomination table if you are unmarried>		

DATE: __ <fill in your Accenture Date of Joining> __

<provide your wet signature> __

Strike out whichever is not applicable

X Signature of the Employee

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed before me by Shri/Smt/Kum _____

employed in my/our Establishment after he/she has read the entries/entries has been read over to him/her by me and got confirmed by him/her

For

Authorized Signatory

Accenture Solutions Pvt. Ltd,
Plant 3, Godrej & Boyce Complex, LBSMarg,
Vikhroli (W), Mumbai – 400 079

Place: Mumbai

Date: _____

PF_Emp.ID _____



This document needs to be printed and then signed. Further instructions on handover of this document will be shared closer to your Date of Joining.

ON_(Employee No) **<fill in your Employee ID>**

Nomination form for other Benefits

Accenture Solutions Pvt. Ltd,
Plant 3, Godrej & Boyce
Complex, Pirojshanagar, Vikhroli
(West),
Mumbai – 400 079.

Name	<fill in your full legal name>		Father Name/ Husband Name	<fill in your father/spouse's name>	
Employee Code	<fill in your Employee ID>	Date of birth	<fill in your date of birth>	Date of Joining	<fill in your Accenture date of joining>
Gender	<fill in your gender>		Marital Status	<fill in your marital status>	

I hereby nominate the person(s) mentioned below to receive all my dues after my death in proportion indicated against the name(s) of the nominee(s).

Group Personal accident

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee(%)
	<mention the name of the nominee/ nominees>	<mention your relationship with the nominee>	<mention Nominee age>	<mention the percentage to be paid to each nominee, total share should be 100%>

Full & Final payments (i.e., unclaimed reimbursement, unpaid salary, leave etc.)

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee(%)
	<mention the name of the nominee/ nominees>	<mention your relationship with the nominee>	<mention Nominee age>	<mention the percentage to be paid to each nominee, total share should be 100%>

American Express Corporate Credit Card

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee(%)
	<mention the name of the nominee/ nominees>	<mention your relationship with the nominee>	<mention Nominee age>	<mention the percentage to be paid to each nominee, total share should be 100%>

Group Mediclaim

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
	<mention the name of the nominee/ nominees>	<mention your relationship with the nominee>	<mention Nominee age>	<mention the percentage to be paid to each nominee, total share should be 100%>

Future Service Liability

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
	<mention the name of the nominee/ nominees>	<mention your relationship with the nominee>	<mention Nominee age>	<mention the percentage to be paid to each nominee, total share should be 100%>

Overseas Travel Insurance

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
	<mention the name of the nominee/ nominees>	<mention your relationship with the nominee>	<mention Nominee age>	<mention the percentage to be paid to each nominee, total share should be 100%>

Group Term Life Insurance

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
	<mention the name of the nominee/ nominees>	<mention your relationship with the nominee>	<mention Nominee age>	<mention the percentage to be paid to each nominee, total share should be 100%>

Declaration by Witnesses:

Name		Name	
Employee Code	<please ignore this section>	Employee Code	<please ignore this section>
Signature		Signature	
Place		Place	
Dated		Dated	

Employee ID	<fill in your Employee ID>	Location	<fill in your Accenture joining location>
EmployeeSignature	<provide your wet signature>	Date	<fill in your Accenture date of joining>

Certificate by the Employer:

Certified that the above nomination as declared by the employee is taken on record.

Place		Signature of Authorized Signatory for Accenture Solutions Pvt. Ltd
Date		
ON_(Employee No)		

Please refer to offer documents compensation Plan to understand if you are eligible for ESIC. This document needs to be printed and then signed. Further instructions on handover of this document will be shared closer to your Date of Joining.

ESIC DECLARATION FORM

Form No -1

To be filled in by the employee please use only capital letters

(A) INSURED PERSON'S PARTICULARS

1. insurance No.
2. Name in block letters
3. Father's / Husband's Name
4. Date of Birth
4. (a) Disability Status
- 5 Marital Status
6. Sex
7. Present Address

**<fill in all
required details>**

DD		MM		YYYY					
Y	N								
Married		Unmarried		Widow					
Y	N	Y	N	Y	N				
M	F								
Pincode									
Mobile No									
Email Id									
Pincode									
Mobile No									
Email Id									

(B)EMPLOYER'S PARTICULARS

9. Employer's Code No
10. Date of Appointment
11. Name & address of the employer

[illegible]

a.Previous Insu.No

b. Employer's Code No

c.Name & address of the employer

[illegible]

<fill in all required details if you were eligible for ESIC in your previous company else please leave this section blank>

a. Name

b.Relationship

c.Address

[illegible]

**<fill in the name of
the nominee/s,
your relationship
with the
nominee/s and
the permanent
address of each
nominee/s>**

(D) Family particulars of Insured person

[illegible]



★ UAN Generation Process Via Umang App

Prerequisites Before You Begin

Before initiating UAN generation, ensure you have:

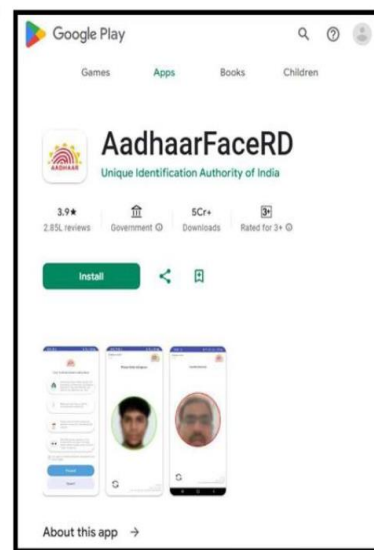
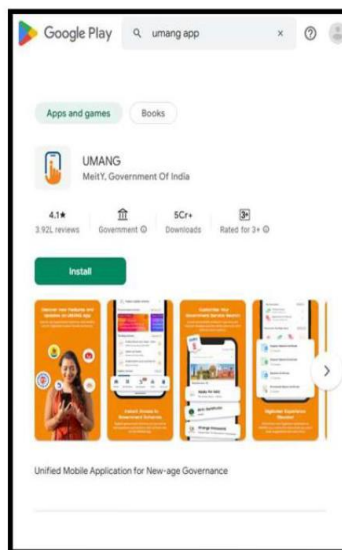
- Aadhaar Number (mandatory)
- Mobile number linked with Aadhaar
- Date of Birth (as per Aadhaar)
- Valid Email ID (optional)
- PAN (optional) – may be required for KYC later
- UMANG App installed and registered on your smartphone

Step 1:

DOWNLOAD & REGISTER ON UMANGAPP

Step 1: Download the UMANG App, and

- **Android:** Google Play Store Search "UMANG" Install
- **iOS:** Apple App Store Search "UMANG" Install
- Search for: "**FaceRD by NIC**"
- Install the Face Authentication app
- Ensure good lighting and mobile camera access

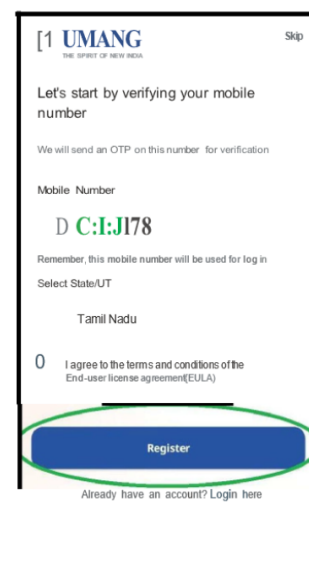
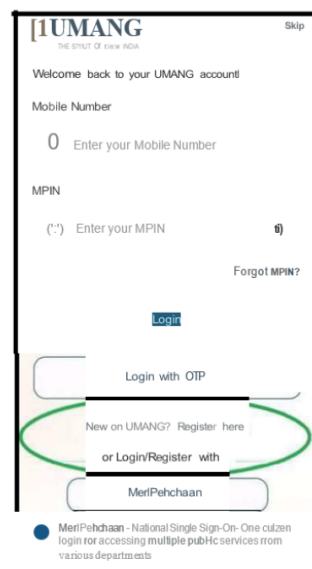


Step 2:

DOWNLOAD & REGISTER ON UMANGAPP

Step 2: Register/ Login

- Open the UMANG App
- Tap on "**Register**"
- Enter **mobile number** Receive **OTP**
- Set **MPIN** for future access
- Alternatively, you can log in using **AadhaarOTP**



Step 3,4,5:

NEW UAN GENERATION VIAUMANG

Step 3: Access EPFO Services

- On UMANG home screen, tap "All Services"
- Select "EPFO" from the list

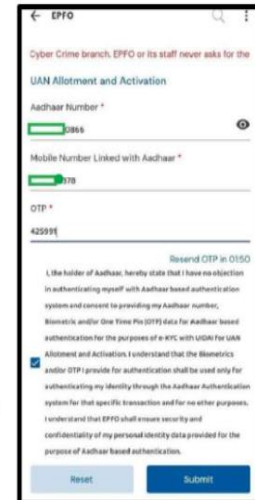
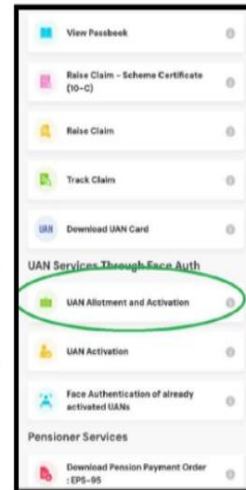
Step 4: Select 'UAN Allotment'

- Under EPFO services, tap on:
- "UAN Allotment - Employee" (new feature for first-time users)

Step 5: Aadhaar-Based Verification

Enter your 12-digit Aadhaar Number

- Tap "Get OTP" (sent to your Aadhaar-registered mobile)
- Enter the OTP and verify



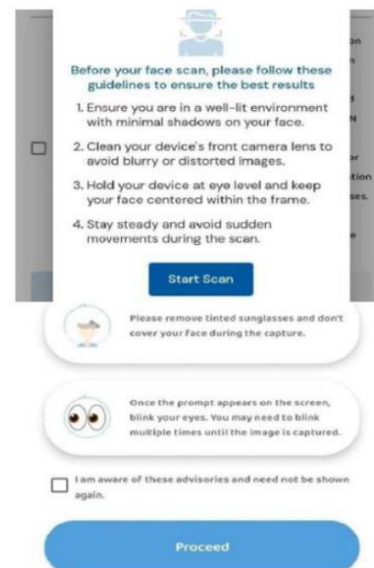
Step 6:

NEW UAN GENERATION VIAUMANG

Step 6: Face to be Scanned for

Authentication

- You'll be prompted to open the FaceRD app
 - Hold phone steadily Align your face in the oval frame
 - System captures biometric face data and links it with Aadhaar
- ✓ Once verified, process continues (UAN activation or KYC proceeds)



Step 7:

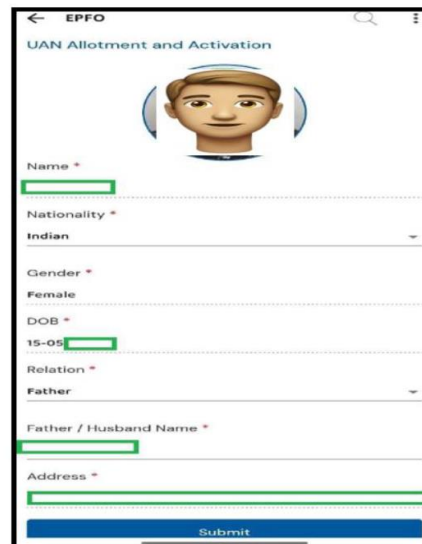
NEW UAN GENERATION VIAUMANG

Step 7: Auto-Fetched Details

Once Aadhaar is verified, UMANG will auto-fetch:

- Name
- Date of Birth
- Gender
- Mobile Number
- Email (if linked to Aadhaar)

You may be asked to **confirm or edit** minor details



The screenshot shows the 'EPFO UAN Allotment and Activation' form. At the top is a header with a back arrow, 'EPFO', a search icon, and a menu icon. Below the header is a profile picture placeholder. The form fields are: Name (with a green checkmark), Nationality (Indian), Gender (Female), DOB (15-05 with a green checkmark), Relation (Father), Father / Husband Name (with a green checkmark), and Address (with a green checkmark). A blue 'Submit' button is at the bottom.

Step 8:

UAN GENERATION CONFIRMATION

Step 8: LIAN Allotment

- After verification, your **LIAN is generated instantly**
- You will see a **confirmation message** with UAN
- You will also receive a **confirmation SMS** from EPFO
- Option to **download or save LIAN PDF**



The screenshot shows the 'EPFO UAN Generation Confirmation' message. It features a green checkmark icon and a message box that reads: 'Dear Member, your UAN (XXXX XXXX) has been successfully generated and activated. The default password has been sent to your registered mobile number XXX XXXX. Kindly change your default password using the 'Change Password' functionality after successfully logging in UAN Member Portal.' Below the message is a 'Close' button. At the bottom, there is a note: '*Close redirects to EPFO services page'. The background shows the same form as in Step 7, but it is dimmed.

Step 9:

UAN ACTIVATION PROCESS

After UAN is generated, you need to **activate it** before you can use EPFO services like passbook, claims, etc.

Step 9: Activate UAN

Still within **UMANG App** Go to **EPFO Services**

Tap on "**Activate UAN**"

Enter:

- o UAN
- o Name
- o Date of Birth
- o Mobile Number






Get and enter OTP

Set a **password** for login to EPFO Member e-Sewa portal

Important: UAN activation is a **one-time step** to enable full access to EPF services online

POST ACTIVATION - ACCESS SERVICES

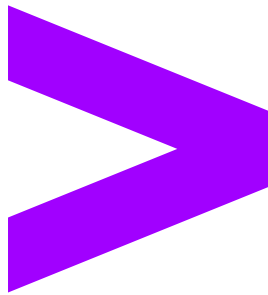
Once your UAN is activated, you can access the following directly from the UMANGApp:

-  View PF Passbook
-  Download UAN Card
-  Track EPF Claim Status
-  Raise EPF Withdrawal/Transfer Claims
-  Update KYC (PAN, Bank Account, etc.)

Please create your UAN and share the following details with us at Pfform11@accenture.com

- Employee Code
- Employee Name
- UAN Number
- Copy of UAN Card (Downloadable Via the Umang App)

In Case of Queries, Please Send A Mail To Pfform11@accenture.com



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