

### Statutory Benefits Nomination Forms:

**FINAL SETTLEMENT/ GPA/ LIFE INSURANCE COVERAGE NOMINATION FORM**

hereby nominate the person(s) mentioned bellow to receive the insurance amount payable in the event of my death by accident and direct that the said amount shall be distributed among the said person(s) in the manner shown below against their names:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SI.no** | **Name & Address of the Nominee(s)** | **Relationship With Member** | **Age of Nominee** | % **of sharing the amount** |
| 1.  2.  3.  4.  5. |  |  |  |  |

During the minority of the above named nominee(s), I hereby direct that the person(s) whose particulars are given below shall be deemed to be the guardian of the minor nominee for the purpose of FINAL SETTLEMENT /GPA INSURANCE COVERAGE NOMINATION FORM.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SI.no** | **Name of the Nominee** | **Age of Minor** | **Name & Address of Guardian** | **Relationship** |
| 1.  2. |  |  |  |  |

Signed at this day of 20

Signature of Member (Employee)

NOTE:

(1) Where an Employee / Member has a family at the time of appointing a Nominee the Nomination should be made in favor of members of this family only. Any nomination made be such employee in favor of any other person not belonging to his family shall be invalid. (2) An appointment of Nominee made by the Member may be changed at any time after giving a written notice to the Trustees of his intention to do so. If the Nominee predeceases the Member (Employee) or his estate. (Parents, sisters and minor brothers dependent upon him. (3) The appointment of Nominee or any change thereof made from time to time shall take effect to the extent it is valid on the date or which it is received by the Trustees.(4) For the purpose of the Scheme. "Family" means Member's (Employee's) spouse legitimate children step children, parents, sisters and minor bothers dependent upon him.

 **FORM - 2(Revised)**

**EMPLOYEES' PROVIDENT FUND ORGANISATION NOMINATION AND DECLARATION FORM**

**FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS**

###### Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme.(Paragraph 33 and 61 (1) of the Employees' Provident Fund Scheme, 1952 & Paragraph 13 of the Employees' Pension Scheme, 19951

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name (in Block Letters)  Emp lD: |  | Permanent Address |
| 2 | Father's/Husband's Name (in case of married Women) |  |  |
| 3 | Date of Birth |  |
| 4 | Sex |  | Temporary Address |
| 5 | Marital Status |  |  |
| 6 | Account No |  |

I **PART-A (EPF)** I

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SI.No.** | Name of the Nominees / Nominees | Address | Nominee's relationshi p  with the Member | Date of Birth | Total amount or share of accumul ation to be paid to each nominee | If the nominee is a minor, name relationship and address of the guardian who may receive the amount during the minority of nominee |
| **1.**  **2.**  **3.**  **4.**  **5.** |  |  |  |  |  |  |

###### 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:

1. \*Certified that I have no family as defined in para 1(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/thumb impression of the subscriber FOR OFFICE USE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Dt. of Joinina E.P.F *I* /20 |  | ENTRIES VERIFIED  D.A s.s A.AO |  |
| Past Service Year |
| Date of Joining EPS *I* /20 |

**Note:** For Department

I **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 event of my death.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SI.  No. | Name of the family member | Address | Date of Birth | Relationship with member |
| 1. |  |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

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

should I

I hereby nominate the following person for receiving the monthly pension (admissible under para 16 (2) (a) (i) and (ii) the event of my death without leaving any eligible family member for receiving pension.

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

\*Strike out whichever is not applicable. Signature /or thumb impression of the subscriber.

I **CERTIFICATE BY EMPLOYER** I

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/ have been read over to him/her by me and got confirmed by him/her.

Signature of the Employer or other authorized Officers of the Establishment

Designation

Date:................

**Note :** For Department

##### Name & Address of the Factory/Establishment or Rubber Stamp thereof.

Statutory requirement



**FORM-F**

**(See Sub-Rule (1) of Rule 6) NOMINATION**

###### Emp ID :

1. Shri/smt./Kumari. .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.

1. 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.
2. Nomination made herein invalidates my previous nomination.

|  |  |  |  |
| --- | --- | --- | --- |
| Name in full with full address of nominee(s) | Relationship with the employee | Age of Nominee | Proportion by which the gratuity will be shared |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Statement**

* 1. Name in full:
  2. Sex:
  3. Religion:
  4. Whether unmarried/married/widow/ Widower:

**Note:** For Department

##### Department *I* branch/Section where employed:

* 1. Post held with Ticket or Serial No., if any
  2. Date of appointment:
  3. Permanent address:

Village: Thana: Sub-division:

Post- office: District: State:

Place: Date

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

##### 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 Authorized designation

**Authorized Signatory**

Name & Address of the establishment Rubber-stamp thereof

**Acknowledgment by the employee**

Received the duplicate copy of nomination in Form F& Form2 filed by me and duly certified by the employer.

Date:

Signature of the employee

**Note:** For Department



**FORM 'Q'**

(See Rule 24 (9A)

Appointment Order

1. Name of the Establishment : Dell EMC Corporation

Address of the Establishment : Bagmane World Technology Center, KR Puram Marathahalli North Ring Road Hobli, Doddanekundi, Mahadevapura, Bengaluru, Karnataka 560048

Name of the Employee:

Empid:

His / Her Postal Address:

1. His / Her Permanent Address
2. Father's/ Husband's Name:
3. Date of Birth:
4. Date of His / Her entry in to employment:
5. Designation:
6. Nature of work entrusted to him
7. His / Her serial number in the Register of Employment (Muster Roll)
8. Rates of wages payable to him / her
   1. Basic
   2. VDA
   3. Other Allowances if any (BOA)

TOTAL

Signature of the Employer

Place:

Date :

Acknowledgement by employee with date and Signature

Seal of the establishment



**Declaration by Women employees**

###### Mis

Dear Madam/ Sir,

I have been apprised of the nature of the business of DELL and my duties and responsibilities. My job may involve working in different shifts including night shift. I am ready and willing to work in different shifts including Night shift as per the requirement of DELL. I understand that DELL will be providing the transport if my work shift ends anytime between 8pm to 6 am.

I understand that if I arrive or leave the office premises at or beyond 8.00 pm I am required to avail the transport facility provided by DELL. I further declare that I understand and have accepted the Dell's policy on safe transport along with the consequence management stated in the policy.

Thanking you,

Signature of the employee

Name of the Employee:

Employee Id

Date

**New form No. 11 –Declaration form**

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

**EMPLOYEE’S PROVIDENT FUND ORGANISATION**

Employee’s provident fund scheme, 1952 (Paragraph 34 & 57) &

Employee’s Pension Scheme, 1995 (Paragraph 24)

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

|  |  |  |
| --- | --- | --- |
| 1. | Name of the Member |  |
| 2. | Father’s Name / Spouse’s Name  (Please tick whichever is applicable) |  |
| 3. | Date of Birth: **(DD/MM/YYYY)** |  |
| 4. | Gender : (Male/ Female /Transgender ) |  |
| 5. | Marital Status : ( Married/ Unmarried/Widow/Widower/Divorcee) |  |
| 6. | (a) Email ID :  (b) Mobile No: |  |
| 7. | Whether earlier a Member of Employee’s Provident Scheme1952 | Yes No |
| 8. | Whether earlier a Member of Employee’s Pension Scheme, 1995 | Yes 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 | Yes No |
| b) IF yes, 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 KYCs) |  |
| a) Bank Account No. & IFSC Code |  |
| b) AADHAR Number |  |
| c) Permanent account Number (PAN),(If available) |  |

**UNDERTAKING**

1. Certified that the particulars are true to best of my knowledge.
2. I authorize EPFO to use my AADHAR for verification/authentication/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.

(The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)

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

Date:

Place: Signature of Member

DECLARATION BY PRESENT EMPLOYER

1. The Member Mr./Ms./Mrs./ …………………………………………………….has joined on ……………………. and has been allotted PF Number……………………………………………………
2. In case the Person was earlier not a member of EPS Scheme 1952 and EPS, 1995)  **(Post allotment of UAN )**The UAN allotted for the member is …………………………..
   * **Please Tick Appropriate Option :**

The KYC details of the above Member in the UAN database

 Have not been uploaded

 Have been uploaded and not approved

 Have been uploaded and approved with DSC.

1. In case the member was earlier a member of EPF Scheme 1952 and EPS, Scheme 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 a 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 the 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:

Place: Signature of employer with Seal of establishment

**Payment of Wages (Nomination) Rules, 2009**

**FORM – I**

Nomination and Declaration Form

(See Rule 3)

1. Name of Person making nomination

(in block letters)

2. Father’s/Husband’s name

3. Date of Birth

4. Sex

5. Marital Status

6. Address

Permanent

Temporary

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, in the event of my death.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Nominee/  nominees | Address | Nominee’s relationship with the member | Date of Birth | Total amount of share of accumulations in credit to be paid to each nominee | If the nominee is a minor, name and address of the guardian who may receive the amount during the minority of the nominee |
| 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |

1. Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.

2. \*Certified that my father/mother is/are dependent on me.

3. \*Strike out whichever is not applicable.

Signature or thumb impression

of the employed person

CERTIFIED 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 entry/entries have been read over to him/her by me and got confirmed by him/her.

Signature of the employer or other authorised

Officer of the establishment and

Designation

Place:

Date:

Name and Address of the Factory/

Establishment and rubber stamp thereof