



246181

Regn. No.....

## Employees' Provident Fund Scheme, 1952

### Form-19

(Refer to instruction)

|    |  |   |   |   |   |   |   |   |
|----|--|---|---|---|---|---|---|---|
| 1. | Name of the members in Block Letters. <u>PRAVEEN DYAMAPPA</u>                      |   |   |   |   |   |   |   |
| 2. | Father's Name or (husband's Name in the case of married woman) <u>B S Dyamappa</u> |   |   |   |   |   |   |   |
| 3. | Name & Address of the Factory/Establishment in which the member was employed.      | <b>Cognizant Technology Solutions India Pvt Ltd</b><br>New No.165, Old No.110<br>Menon Eternity Building, St. Mary's Road, Alwarpet<br>Chennai 600018   |   |   |   |   |   |   |
| 4. | Account No.: <u>TN/MAS/31309/122501</u>  |   |   |   |   |   |   |   |
| 5. | Date of leaving service <u>24/01/2014</u>  |   |   |   |   |   |   |   |
| 6. | Reason for leaving service <u>RESIGNED</u>   |   |   |   |   |   |   |   |
| 7. | Full Postal Address (in Block Address)   | Shri/Smt./Kum. <u>PRAVEEN DYAMAPPA</u><br><u>B S DYAMAPPA</u><br><u>S/O/W/O/D/O</u><br><u>#517, 1ST FLOOR, PRAKASH,</u><br><u>NILAYA, 10TH CROSS, PADMANABHA NAGAR,</u><br><u>BANGALORE Karnataka</u><br>Pin : <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>5</td><td>6</td><td>0</td><td>0</td><td>7</td><td>0</td> </tr> </table> | 5 | 6 | 0 | 0 | 7 | 0 |
| 5  | 6  | 0   | 0 | 7 | 0 |   |   |   |
| 8. | Mode of remittance   | Put a tick ( ✓ ) in the box against the one opted   |   |   |   |   |   |   |

- |  |           |   |
|--|-----------|---|
| (a) By Postal Money Order at my cost.  | (     )   | To the address given against item No. 7<br>S.B. Account No.00531610043986.....  |
| (b) By account payee cheque sent<br>Direct for credit to my S.B.<br>A/c (Scheduled Bank/P.O.)<br>Under intimation to me. | (   ✓   ) | IFSC Code.HDFC0000053.....<br>Name of the Branch.HDFC.Bank.....<br>Branch..KORAMANGALA.....<br>Full address of the branch.#9,ETERNAL.....<br>KORAMANAGALA INDUSTRIAL LAYOUT,BANGALORE |

(Advance Stamped Receipt furnished)

Certified that the particulars are true to the best of my knowledge.

Date of joining of Establishment..02/08/2010.....

Date of Birth ...20/03/1981.....

Contribution for the Current Financial Year.

| Month |       |          |    | Contribution |    |       |    | Period of break if any |  |  |  | Month |       |          |    | Contribution |    |       |    | Period of break if any |  |  |  |
|-------|-------|----------|----|--------------|----|-------|----|------------------------|--|--|--|-------|-------|----------|----|--------------|----|-------|----|------------------------|--|--|--|
| Month | Wages | Employee |    | Employers    |    | Total |    |                        |  |  |  | Month | Wages | Employee |    | Employers    |    | Total |    |                        |  |  |  |
|       |       | EPF      | FP | EPF          | FP | EPF   | FP |                        |  |  |  |       |       | EPF      | FP | EPF          | FP | EPF   | FP |                        |  |  |  |
|       |       |          |    |              |    |       |    |                        |  |  |  |       |       |          |    |              |    |       |    |                        |  |  |  |
|       |       |          |    |              |    |       |    |                        |  |  |  |       |       |          |    |              |    |       |    |                        |  |  |  |
|       |       |          |    |              |    |       |    |                        |  |  |  |       |       |          |    |              |    |       |    |                        |  |  |  |
|       |       |          |    |              |    |       |    |                        |  |  |  |       |       |          |    |              |    |       |    |                        |  |  |  |
|       |       |          |    |              |    |       |    |                        |  |  |  |       |       |          |    |              |    |       |    |                        |  |  |  |
|       |       |          |    |              |    |       |    |                        |  |  |  |       |       |          |    |              |    |       |    |                        |  |  |  |
|       |       |          |    |              |    |       |    |                        |  |  |  |       |       |          |    |              |    |       |    |                        |  |  |  |

Form 3A Enclosed

( information to be furnished by the Employer if the Claim Form is Attested by the Employer)  
Certified that the above contributions have been included in the regular monthly remittances.

For **Cognizant Technology Solutions India Pvt Ltd**  
The Applicant has signed/Thumb impressed before me.

Authorised Signatory

X  
Signature or Left/Right hand thumb impression of the member

Date.....24/01/2014.....

Designation & Seal

Encl.

Declaration of non-employment

Note:- In the case of submission of application for settlement under clause (s) of sub -paragraph (i) and in clause (b) of sub -paragraph (2) of paragraph 69 of the EPF Scheme, 1952, the claim should be submitted after two months from the date of leaving service provided the member continues to remain unemployed in an establishment to which the Act applies.

Date.....24/01/2014..... X  
Signature or Left / Right hand thumb impression of the member

**ADVANCE STAMPED RECEIPT (To be furnished only in case of 8 (b) above)**

Received a sum of Rs. .. (Rupees ..... from  
Regional Provident Fund Commissioner / Officer -in-Charge of Sub -Accounts Office .....  
by deposit in my Savings Bank account towards the settlement of my Provident Fund Account.

The space should be left blank which shall be filled  
in by Regional Provident Fund Commissioner/Officer  
in-Charge of S.A.O.

Affix 1/- Rupee  
Revenue  
Stamp

X

X  
Signature or Left / Right hand thumb impression of the member

**(For the use of Commissioner's Office)**

A/C Settled in part/Full Entered in F. 21-A/24/219 & withdrawal register.

Clerk

Section Supervisor

P.I.No.----- M.O./Cheque -----

Account No. ----- Section ----- passed for payment for Rs.-----

1/4 in words)-----

M.O. Commission (if any) AOC/APFC-----

Net Amount to be paid by M.O. .... Date.....

**(For use in Cash Section)**

Paid by inclusion in Cheque No..... date.....  
vide Cash Book (Bank) Account No.3 Debit Item No .....

HC

AC / RC

Remarks

246181

Serial No:



For Office Use Only  
In Words No.

Form No. 10 C (E.P.S)

## EMPLOYEES' PENSION SCHEME, 1995

FORM TO BE USED BY A MEMBER OF THE EMPLOYEES' PENSION SCHEME,  
1995 FOR CLAIMING WITHDRAWAL BENEFIT/SCHEME CERTIFICATE

(Read the instructions before filling up this form)

|    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | a) Name of the member :-<br>( In Block Letters)                               | PRAVEEN DYAMAPPA  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|    | b) Name of the claimant (s)   | PRAVEEN DYAMAPPA  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2. | Date Of Birth   | <table><tr><td>2</td><td>0</td><td>0</td><td>3</td><td>8</td><td>1</td></tr></table>  | 2 | 0 | 0 | 3 | 8 | 1 |   |   |   |   |   |   |   |   |   |   |
| 2  | 0   | 0   | 3 | 8 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3. | a) Father's Name  | B S DYAMAPPA  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|    | b) Husband's Name<br>(If applicable)  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4. | Name & Address of the Establishment<br>in which, the member was last employed | <b>Cognizant Technology Solutions India Pvt Ltd</b><br>New No.165, Old No.110<br>Menon Eternity Building, St. Mary's Road, Alwarpet<br>Chennai 600018   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5. | Code No. & Account No.  | <b>Region/SRO Code</b> <table><tr><td>T</td><td>N</td><td>/</td><td>M</td><td>A</td></tr></table><br><b>Estt. Code No.</b> <table><tr><td>3</td><td>1</td><td>3</td><td>0</td><td>9</td></tr></table> <b>A/c No.</b> <table><tr><td>1</td><td>2</td><td>2</td><td>5</td><td>0</td><td>1</td></tr></table> | T | N | / | M | A | 3 | 1 | 3 | 0 | 9 | 1 | 2 | 2 | 5 | 0 | 1 |
| T  | N   | /   | M | A |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3  | 1   | 3   | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 2   | 2   | 5 | 0 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6. | Reason for leaving service<br>& Date of leaving                               | RESIGNED<br>24/01/2014  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7. | Full Postal Address :-<br>(In Block Letters)<br>Sh/Smt./Km<br>S/o, W/o, D/o   | PRAVEEN DYAMAPPA<br>B S DYAMAPPA<br>#517, 1ST FLOOR, PRAKASH ,NILAYA, 10TH CROSS, PADMANABH<br>BANGALORE <b>PIN</b> 560070  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

8. Are you willing to accept Scheme (a) (b)  
Certificate in lieu of withdrawal benefits Yes ☐ No ☒

9. Particulars of Family (Spouse & Children & Nominee)

| Name | Date of Birth | Relationship With Member | Name of the guardian of minor |
|------|---------------|--------------------------|-------------------------------|
|------|---------------|--------------------------|-------------------------------|

(a) Family Members

(b) Nominee

10. In case of death of member after attaining the age of 58 years without filing the claim:

- (a) Date of death of the member :  
(b) Name of the Claimant(s) / and relationship with the members :

11. MODE FOR REMITTANCE [PUT A TIC IN THE BOX AGAINST THE ONE OPTED]

- (a) By postal money order at my cost to address given against item No. 7 ☐  
(b) Account payee cheque sent direct for credit to my SB A/c (Scheduled Bank) under intimation to me ☒

|  |                                |
|--|--------------------------------|
| S.B. Account No.                                 | 00531610043986                 |
| IFSC Code  | HDFC0000053                    |
| Name of the Bank<br>(in block letters)           | HDFC BANK                      |
| Branch<br>(in block letters)                     | Koramangala                    |
| Full Address Of the Branch<br>(in block letters) | #9,Eterna                      |
|  | Koramanagala Industrial Layout |
|  | Bangalore-560095 Karnataka     |

12. Are you availing pension under EPS-95 ?

If so indicate : PPO NO. \_\_\_\_\_ By Whom Issued \_\_\_\_\_

**Certified THAT THE PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE**

X  
Signature or left Hand  
Thumb Impression of the  
Member / claimant(s)

Date 24/01/2014

**ADVANCE STAMPED RECEIPT**  
**[To be furnished only in case of (b) above]**

Received a sum of Rs.....(Rupees.....)

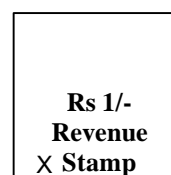
Only from Regional Provident Fund Commissioner /Officer-in charge of Sub-Regional

Office\_\_\_\_\_

by deposit in my savings Bank A/c towards the settlement of my Pension Fund Accounts.

(The Space should be left blank which shall be filled by Regional Provident Fund Commissioner /Officer-in-charge)

Signature & left hand thumb impression of the member on the stamp



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Certified that the particulars of the member given are correct and the member has signed/thumb impressed before me.

The details of wages and period of non-contributory service of the member are as under:-

Form 3A/7 (EPS) enclosed for the period for which it was not sent to employee's Provident Fund Office)

Wages (Basic + D.A) as on 15.11.95(if applicable)

Wages as on the date of exit

**Period of non contributory Service**

| Year/Month | No.of days |     |
|------------|------------|-----|
|            |            | Nil |

For

Cognizant Technology Solutions India Pvt L

Date.....24/01/2014.....

*Signature of Employer/  
authorised Official*

**(FOR THE USE OF COMMISSIONER'S OFFICE)**

(Under Rs. ....)

P.I. No .....M.O./Cheque

Passed for payment for Rs. ....(in words).....

M.O. Commission (if any).....net amount to be paid by M.O.....  
towards withdrawal benefit.

**D.H.**

**S.S**

**A.A.O**

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**(FOR USE IN CASH SECTION)**

Paid by inclusion in cheque No.....Dt.....vide cash Book(Bank) Account  
No. 10 Debit item No.....

**D.H**

**S.S**

**AC(A/cs)**

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For issue if S.S;. IDS is enclosed.

**D.H**

**S.S**

**A.A.O/APFC(A/cs)**

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**(FOR USE IN PENSION SECTION)**

Scheme Certificate bearing the control No.....Issued on .....and  
entered in the scheme Certificate Control Register-

**D.H**

**S.S**

**A.A.O**

**APFC(PENSION)**

To,

Regional Provident Fund Commissioner

**Chennai**

Sub: PF Withdrawal-

Respected Sir,

TN/MAS/31309/122501

I Praveen Dyamappa have resigned from the services of Cognizant Technology Solutions India Pvt Ltd on 24/01/2014 . I have applied for PF withdrawal of my PF account (TN/MAS/31309/122501) with RPFO Chennai. Considering my PF withdrawal request kindly credit my PF accumulations in the bank account as mentioned in my PF closure forms (enclosed herewith).

Date:

Yours faithfully

24/01/2014

X

Signature of the Member

**PERSONAL CONTACT DETAILS**

|                      |  |
|----------------------|--|
| ASSOCIATE ID         | 246181   |
| ASSOCIATE NAME       | PRAVEEN DYAMAPPA   |
| PERMANENT ADDRESS    | #517, 1ST FLOOR, PRAKASH , NILAYA, 10TH CROSS, PADMANABHA NAGAR, BANGALORE - 560070, Karnataka |
| PERSONAL E-MAIL ID   | praveen.dyamappa@gmail.com   |
| PHONE NO.(Mandatory) | Mobile: 9448246364   |
|                      | Landline: 9535322993   |



Reference No: PFNCLS67513

PF A/C No: TN/MAS/31309/122501 Employee ID: 246181

Retain this Reference sheet with you

1. You need to fix revenue stamps in the space provided in form 19 & 10c under the section **ADVANCE STAMPED RECEIPT.**
2. Please ensure to sign in all 5 places where cross mark “x” appears. (Including 2 Signatures across the revenue stamps)
3. You need to only sign in the required places. Thumb impression is not required.
4. Please ignore to fill the unfilled portions of your form. (this is meant for employer’s and PF office purpose)
5. Please check whether following points have been taken into account while giving your bank A/C number in the form.
  - The bank account should be active for a year.
  - Bank account should only be in your name.
  - Joint Bank accounts are not acceptable.

Note: Failing to meet all the above requisites PF office will reject your PF closure claim.

6. Documents to be enclosed along with the PF Closure Forms:
  - For the Proof of your Bank A/c a Cancelled Cheque leaf to be attached – (Mandatory)
  - A letter addressing to Regional Provident Fund Commissioner justifying the reason for closing your PF A/c. – (Mandatory)

**TIME DURATION FOR SETTLEMENT:**

We wish to clarify that Cognizant's PF accounts are with the Regional PF Office (RPFO) in Chennai and all requests for PF withdrawals are effected only by the RPFO.

- PF Closure forms will be submitted at our Regional PF office Chennai after 60 days from your Date of Release. (The submissions at PF office are in accord to the submission dates obtained by the PF office). You will receive a email trigger from hrss@cognizant.com intimating the submission date at RPFO Chennai.
- After submission PF office takes 4-5 months to credit the PF amount to your bank account.

Please note: the specified timelines for processing your PF claims at PF office is minimum. The processing times may even delay subjected to the formalities at PF office. The processing times of your claims has nothing to do with Cognizant.

**Tracking your PF Withdrawal Request:**

- After four months from your Date of Release you can check the status by logging on to <http://www.epfochennai.tn.nic.in/tnepf/loginnew.aspx>
- While taking update in <http://www.epfochennai.tn.nic.in/tnepf/loginnew.aspx> you need to enter the following details as shown below:

|                        |         |
|------------------------|---------|
| Office                 | Chennai |
| Establishment Code     | 31309 * |
| Extension Code(if any) | *       |
| Employee No.           | 12250 * |

- Alternatively you can directly call PF office at 044 – 28132700 check the status in Group – 30 by referring your PF A/C with Cognizant. (TN/MAS/31309/122501) or mail to rpfc\_Chennai@yahoo.co.in

Please note: After submission at PF office Cognizant is not intimated about the status of your PF settlement. Hence you are requested to track your PF closure/Withdrawal request with the PF office Chennai directly.