

# ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10133471454705009)

Claim Date: 21/05/2024

### EMPLOYEES' PROVIDENT FUND SCHEME, 1952

(PARA 57)

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

To,

The Regional P.F. Commissioner,

HYDERABAD,

Bhavishyanidhi Bhawan, No. 3-4-763, Barkatpura Chaman, Hyderabad

Sir,

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

#### **PART A: PERSONAL**

1. Name : ANKITA DHAWAN

2. Mobile Number : 9958340753

3. E-mail id : ankita.dhawan05@gmail.com

4. Bank Account Number : 244601511957

5. Bank IFSC : ICIC0002446

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

1. PF Account No. (with EPFO : APHYD00422690000012005

2. Name of the Establishment : INDIAN SCHOOL OF BUSINESS

3. Address of the Establishment : ISB CAMPUS GACHI BOWLI HYDERABAD HYDERABAD

4. PF A/C No. held by : HYDERABAD

5. Name of the Trust : NOT APPLICABLE

6. PF A/C No. in Trust : NOT APPLICABLE

7. Bank A/C No. of Trust : NOT APPLICABLE

8. IFS Code of the Bank Branch of

Trust where account is : NOT APPLICABLE

9. Member's Name : ANKITA DHAWAN

10. Date of Birth : 23/01/1992

11. Father's/Spouse Name : ROHIT DHAWAN

12. Relationship : FATHER

13. Date of joining : 05/08/2019

14. Date of leaving : 05/01/2022

## **PART C: DETAILS OF PRESENT PF**

1. PF Account No. (with EPFO : PYKRP00451910000012631

2. Name of the Establishment : INFINITI RESEARCH MARKETING SOLUTIONS INDIA PRIVATE LIMITED

3. Address of the Establishment : CESSNA BUSINESS PARK EMBASSY SIGNET I FLOOR LEFT WING

KADUBEESANAHALLI BANGALORE 656

4. PF A/C No. held by : SRO K R PURAM (WHITEFIELD)

5. Name of the Trust : NOT APPLICABLE

6. PF A/C No. in Trust : NOT APPLICABLE

7. Bank A/C No. of Trust : NOT APPLICABLE

8. IFS Code of the Bank Branch of

Trust where account is : NOT APPLICABLE

9. Member's Name : ANKITA DHAWAN

10. Date of Birth : 23/01/1992

11. Father's/Spouse Name : ROHIT DHAWAN

12. Relationship : FATHER

13. Date of joining : 10/01/2022

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

Signature of the member

Note: Member should take a printout of this form and a signed copy of the same should be submitted to the Previous Establishment i.e. INDIAN SCHOOL OF BUSINESS