

(FORM 2 REVISED)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Notification Form under the Employees Provident Funds and Employees Pension Schemes
(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees
Pension Scheme 1995)

1. Name (IN BLOCK LETTERS) ; _____

Name	Father's /Husband's Name	Surname
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2. Date of Birth : 3. Account No.

4.*Sex :M ALE/FEM ALE: 5.M anitalStatus

6. Address Permanent/Temporary : _____

PART – A (EPF)

I hereby nominate the person(s) cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employees Provident Fund, in the event of my death.

[illegible]

- 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.
2. * Certified that my father/other is/are dependent upon me.

Strike out whichever is not applicable

Signature/or thumb impression
of the subscriber

PART - (EPS)
Para 18

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

[illegible]

Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

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

Name and Address of the nominee	Date of Birth	Relationship with member

Date _____

Signature or thumb impression
of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri / Smt./
Miss _____ employed in my establishment after he/she has
read the entries / the entries have been read over to him /her by me and got confirmed by him /her.

Date : _____

Signature of the employer or other authorised officer of the
establishment

Name & address of the Factory /Establishment

Place :

Date :

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,

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

I, Shri/Shrimati/Kumari

(Name in full here)

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/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.
3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
4. (a) My father/mother/parents is/are not dependent on me.
(b) My husband's father/mother/parents is/are not dependent on my husband.
5. I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)		Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
(1)		(2)	(3)	(4)
1.				
2.				
3.				
So on.				

Statement

1. Name of employee in full _____
2. Sex _____
3. Religion _____
4. Whether unmarried/married/widow/widower _____
5. Department/Branch/Section where employed _____
6. Post held with Ticket No. or Serial No., if any _____
7. Date of appointment _____
8. Permanent address:
Village _____ Thana _____ Sub-division _____
Post Office _____ District _____ State _____

Place: _____

Signature/Thumb-impression of the
Employee

Date: _____

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses.

1. _____

2. _____

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 authorised
Designation

Date: _____

rubber stamp thereof.

Name and address of the establishment or

Acknowledgement by the Employee

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

Date: _____

Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.



Composite Declaration Form -11
(To be retained by the employer for future reference)
EMPLOYEES' PROVIDENT FUND ORGANISATION
Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employees' Pension Scheme, 1995 (Paragraph 24)

(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		
2	Father's Name <input type="checkbox"/>	Spouse's Name <input type="checkbox"/>	
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	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)		
	KYC Details: (attach self attested copies of following KYCs)		
8	a) Bank Account No. :		
	b) IFS Code of the branch:		
	c) AADHAR Number		
	d) Permanent Account Number (PAN), if available		
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No	
10	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No	
11	Previous employment details: [if Yes to 9 AND/OR 10 above] -- Un-exempted		
	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
12	Previous employment details: [if Yes to 9 AND/OR 10 above] -- For Exempted Trusts		
	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:	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 case of changes in above details, the same will be intimated to employer at the earliest.

Date:
Place:

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr/Ms/Mrs has joined on and has been 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 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 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 form 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 (Form-13) for transfer of account from the previous establishment.

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	
a)	Permanent	
b)	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 to my death.

Name of the 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 minor, name, relationship and address of the guardian who may receive the amount during the minority of nominee.
1	2	3	4	5	6

1	Certificate 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 upon me.
3	Strike out whichever is not applicable.

**Signature or the thumb impression
of the employed person**

CERTIFICATE 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 over to him/her by me and got confirmed by him/her.

**Signature of the employer or other authorized
officer of the establishment and
Designation**

Place:	
Date:	

**Name and Address of the Factory/
Establishment and rubber stamp thereof**

Responsibilities to Prior Employers and Others

Employee Acknowledgement

I have been offered employment with IQVIA or one of its affiliated companies (the "Company"). Prior to the start of my employment with the Company, I may have had access to confidential or proprietary information of prior employers or others ("Third Party Materials") and I may have continuing obligations to those prior employers or others --- by contract or as a matter of law --- to avoid use or disclosure of these Third Party Materials ("Continuing Obligations").

I acknowledge and agree as a condition of my employment with the Company as follows:

1. I have been directed by the Company not to bring any Third Party Materials to the Company and I have given my assurance to the Company that I will not bring any Third Party Materials to the Company in breach of any Continuing Obligations.
2. I have been directed by the Company not to share any Third Party Materials with Company employees or contractors and I have given my assurance to the Company that I will not share any Third Party Materials with Company employees or contractors in breach of any Continuing Obligations.
3. I have been directed by the Company not to use any Third Party Materials for the benefit of the Company and I have given my assurance to the Company that I will not use any Third Party Materials for the benefit of the Company in breach of any Continuing Obligations.
4. I have been asked by the Company to disclose the terms of any existing non-competition or non-solicitation obligations that may apply or affect my employment with the Company ("Prior Restrictive Covenants"), and I have provided the Company with a copy of all Prior Restrictive Covenants (if any).
5. I understand the assurances I have given in this document relating to Third Party Materials applies to information in any form, including information in printed documents, computer-readable files and in my mind.
6. I have had an opportunity to ask questions of the Company regarding the above statements. I understand each of the statements made in this acknowledgement. I understand the Company is relying upon my assurances and my compliance with each of these, and that both the Company and I may be liable to others if I fail to adhere to each of these assurances.

Sincerely,

Employee Signature: _____

Name: _____

Date: _____

IMS Health Analytics Services Private Limited