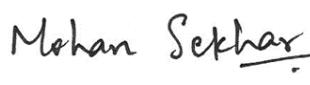


FORM Q
[See Rule 24(9A)]
APPOINTMENT ORDER

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)	Bengaluru
3. Name of the Employee	Sandeep Kumar Pernapati
4. His/Her Postal Address	#252, Narayanaswamy building (Sri Sai Lakshmi PG), 9thcross, Opp.to.CITI Medicals, Bellandur, Bangalore
5. His/Her Permanent Address	NA
6. Father/Husband Name	Father: ANJANACHARI PERNAPATI
7. Date of Birth (dd-mm-yyyy)	28/03/1989
8. Date of his/her entry into employment. (DOJ – dd-mm-yyyy)	19/08/2019
9. Designation (Career Level)	9
10. Nature of work entrusted to him/her (Role)	Application Development Team Lead
11. His/Her serial number in the Register of employment (CID)	INDA7430992
12. Rate of wages payable to him/her	Refer to annexure 1 of the Offer Letter.
Place: Bengaluru	 Mohan Sekhar Senior Managing Director Lead, Advanced Technology Centers, India
Date: 19/08/2019	
Acknowledgement by the employee with date & signature	Accenture Solutions Private Limited



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			Sandeep Kumar Pernapati				
2	Father's Name Spouse's Name	<input checked="" type="checkbox"/> <input type="checkbox"/>	Anjanachari Pernapati					
3	Date of Birth: (DD / MM / YYYY)			28/03/1989				
4	Gender: (Male/Female/Transgender)			Male				
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorced)			Single				
6	(a) Email ID:			ksp81624@gmail.com				
	(b) Mobile No.:							
7	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)			19/08/2019				
KYC Details: (attach self attested copies of following KYCs)								
8	a) Bank Account No. :							
	b) IFS Code of the branch:							
	c) AADHAR Number			2699 1370 3812				
	d) Permanent Account Number (PAN), if available			BHSPP5389R				
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952							
10	Whether earlier a member of Employees' Pension Scheme, 1995							
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:	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)]	To						

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: 19/08/2019

Place: Bengaluru

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr/Ms/Mrs Sandeep Kumar Pernapati has joined on 19/08/2019 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.

GF_ 10684955

Form 'F'

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

The Trustees
 Accenture Employees Group
 Gratuity cum Life Assurance scheme.

Name	SANDEEP	Father Name/ Husband Name	Father: PERNAPATI ANJANACHARI	Sur Name	PERNAPATI
Sex	MALE	Employee Code		10684955	
Religion	HINDU	Martial Status		SINGLE	
Date of Birth	28/03/1989	Permanent Address:		NA	
Date of Joining			19/08/2019		

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
1	PERNAPATI ANJANACHARI	FATHER	67	50
2	PERNAPATI RAJESWARI	MOTHER	66	50

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 19 day of 08 2019 at BENGALURU

Declaration By Witnesses
Nomination signed/thumb impressed before me.

Name in full and full address of witnesses

Signature of witnesses

1. _____

1. _____

2. _____

2. _____

Place: _____ Date: _____

Signature of Employee

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

Date: _____

For Self and co-Trustees of Accenture
Employees Group Gratuity cum Life Assurance scheme.

ACKNOWLEDGMENT BY THE EMPLOYEE

Received the duplicate copy of Nomination in Form F filed by me and duly certified by the Employer.

Place: _____

Signature of Employee

Date: _____

GF_ 10684955

Employee No 10684955

Group No: Corporate 1
Office: Bandra

Date of Joining: 19/08/2019

Form - 2

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)	SANDEEP KUMAR PERNAPATI
Father's / Husband's Name	Father: PERNAPATI ANJANACHARI
Date of Birth	28/03/1989
Sex	MALE
Marital Status	SINGLE
PF Account NO	MH/BAN/45665/
Present Address	#252, NARAYANASWAMY BUILDING (SRI SAI LAKSHMI PG), 9THCROSS, OPP.TO.CITI MEDICALS, BELLANDUR, BANGALORE
Permanent Address	NA

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
PERNAPATI ANJANACHARI	FATHER	27/07/1952	50	
PERNAPATI RAJESWARI	MOTHER	06/05/1953	50	

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 /mother is / are dependent upon me. *Strike out whichever is not applicable.

X Signature of the Employee

part -B (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 death.

SR.NO	Name and Address of the Family Members	Date Of Birth	Relationship with Member
1			

** 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 and Address Of the Nominee	Date of Birth	Relationship with Member
1	PERNAPATI ANJANACHARI	27/07/1952	FATHER
2	PERNAPATI RAJESWARI	06/05/1953	MOTHER

DATE : 19/08/2019

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,
LBS Marg, Vikhroli (W), Mumbai -400 079

Place: Mumbai

Date: 19/08/2019

PF_Emp.Id

10684955

ON_10684955

Nomination form for other Benefits

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

Name	Sandeep Kumar Pernapati		Father Name/ Husband Name	Father:	Pernapati Anjanachari
Employee Code	10684955	Date of birth	28/03/1989	Date of Joining	19/08/2019
Gender	Male		Marital Status	Single	

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 (%)
1	Pernapati Anjanachari	Father	65	50
2	Pernapati Rajeswari	Mother	64	50

Full & Final payments (ie 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 (%)
1	Pernapati Anjanachari	Father	65	50
2	Pernapati Rajeswari	Mother	64	50

Employees Deposit Link Insurance

Sr.No	Full Name of the Nominee	Relationship with Employee	Age of the Nominee/s	Share of compensation to be paid to nominee (%)
1	Pernapati Rajeswari	Mother	64	50
2	Pernapati Anjanachari	Father	65	50

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 (%)
1	Pernapati Rajeswari	Mother	64	50
2	Pernapati Anjanachari	Father	65	50

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 (%)
1	Pernapati Anjanachari	Father	65	50
2	Pernapati Rajeswari	Mother	64	50

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 (%)
1	Pernapati Anjanachari	Father	65	50
2	Pernapati Rajeswari	Mother	64	50

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 (%)
1	Pernapati Rajeswari	Mother	64	50
2	Pernapati Anjanachari	Father	65	50

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 (%)
1	Pernapati Anjanachari	Father	65	50
2	Pernapati Rajeswari	Mother	64	50

Declaration by Witnesses:

Name		Name	
Employee code		Employee code	
Signature		Signature	
Place		Place	
Dated		Dated	

Employee Code	10684955	Location	Bengaluru
Employee Signature		Date	19/08/2019

Certificate by the Employer:

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

Place	Bengaluru	Signature of Authorized Signatory For Accenture Solutions Pvt. Ltd
Date	19/08/2019	
ON_ 10684955		