

FORM 'F'

[See sub-rule (1) of rule 6]

NominationTo COLLINS AEROSPACE

[Give here name or description of the establishment with full address]

I, Shri/Shrimati/Kumari SRIKANTH KOTAKONDA whose particulars are given in the statement below,
[Name in full here]

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.

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. <u>K MANORAMA</u>	<u>WIFE</u>	<u>37 years</u>	<u>100%-</u>
2.			
3.			
so on.			

Statement

- Name of employee in full. SRIKANTH KOTAKONDA
- Sex. MALE
- Religion. HINDU
- Whether unmarried/married/widow/widower. MARRIED
- Department/Branch/Section where employed. A.I.S
- Post held with Ticket or Serial No., if any. Post Graduate Engineer Trainee
- Date of appointment. 09/08/2023
- Permanent address. # FLAT No. 301, Usindavan Terrace Garden Apartment, Sanegusuli Vashat, Kolhapur - 416012

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*	SRIKANTH KOTAKONDA	020101521532	IFSC CODE: ICIC0000201
NPR/AADHAAR	SRIKANTH KOTAKONDA	643917741782	-
PERMANENT ACCOUNT NUMBER (PAN)	SRIKANTH KOTAKONDA	AZQPK7120E	-
PASSPORT	-	-	EXPIRY DATE -
DRIVING LICENCE	SRIKANTH KOTAKONDA	DLFAP036267382008	EXPIRY DATE 23/10/2028
ELECTION CARD	SHRIKANT VIJENDRA KOTAKONDA	AZL8635203	
RATION CARD			
ESIC CARD			

* **Mandatory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCs TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.**

C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,
- (I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.
- (II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. ACCOUNT. (THE TRANSFER WOULD BE POSSIBLE ONLY IF THE IDENTIFIED KYC DETAILS APPROVED BY PREVIOUS EMPLOYER HAS BEEN VERIFIED BY PRESENT EMPLOYER USING HIS DIGITAL SIGNATURE CERTIFICATE).
- (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE: 09/08/2023
PLACE: Hyderabad

K. Srikantha
SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER Mr./Ms./Mrs. HAS JOINED ON AND HAS BEEN ALLOTTED PF MEMBER ID
- B. IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:
- (POST ALLOTMENT OF UAN) THE UAN ALLOTTED FOR THE MEMBER IS
 - 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
- C. IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:
- THE ABOVE MEMBER ID OF THE MEMBER AS MENTIONED IN (A) ABOVE HAS BEEN TAGGED WITH HIS/HER UAN/PREVIOUS MEMBER ID AS DECLARED BY 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 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:

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT



Form No. 11 (New)
Declaration Form

(To be retained by the Employer for future reference)

Employees' Provident Fund Organization

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)

&

THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE.
(PLEASE GO THROUGH THE INSTRUCTIONS)

1) NAME (TITLE)

MR. MS. MRS.
(PLEASE TICK)

S R I K A N T H K O T A K O N D A

2) DATE OF BIRTH

D D M M Y Y Y Y
0 8 0 6 1 9 8 5

3) FATHER'S/
HUSBAND'S NAME

MR.

V I J E N D E R K O T A K O N D A

4) RELATIONSHIP IN RESPECT OF (3) ABOVE
(PLEASE TICK)

FATHER HUSBAND
✓

5) GENDER
(PLEASE TICK)

MALE FEMALE TRANSGENDER
✓

6) MOBILE NUMBER
(IF ANY)

9 4 2 2 2 0 9 2 8 8

7) EMAIL ID (IF ANY)

k s r k o u s h i k @ g m a
i l . c o m

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?

(PLEASE TICK)

YES ✓

NO

9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?

(PLEASE TICK)

YES ✓

NO

IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11&12):

A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

UAN

1 0 0 3 5 4 2 3 6 2 0 2

OR

PREVIOUS PF MEMBER ID

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER

11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
1	5	0	2	2	0	2	2

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER: _____
(B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER: _____**B. OTHER DETAILS**13) INTERNATIONAL WORKER
(PLEASE TICK)

Yes	No

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):

13(A) COUNTRY OF ORIGIN (Please Tick)

INDIA	OTHER THAN INDIA (If YES, PLEASE MENTION NAME OF THE COUNTRY)

13(B) PASSPORT NUMBER _____

13(C) PASSPORT VALID FROM

D	D	M	M	Y	Y	Y	Y

To

D	D	M	M	Y	Y	Y	Y

14) EDUCATIONAL QUALIFICATION
(PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/ PROFESSIONAL
					✓		

15) MARITAL STATUS
(PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE
✓			

16) SPECIALLY ABLED
(PLEASE TICK)

YES	NO
	✓

If YES, TICK THE CATEGORY

LOCOMOTIVE	VISUAL	HEARING

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.

S.No.	Name of the family members	Address	Date of Birth	Relationship with the member
1	2	3	4	5
1	K MANORAMA	# FLAT 301, Vrindavan Terrace Garden Apartment, Sanegudi Vasthah, Kolhapur - 416012, Maharashtra	13/June/1986	Wife
2				
3				
4				
5				

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

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2(a)(i) and (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 the member

Date : 09/08/2023

Place : Hyderabad

**Strike out whichever is not applicable.

K. Srikanth
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./Kum. _____

_____ employed in my establishment after he/she has read the entries/entries have been read over to him/her

by me and got confirmed by him/her.

Place : _____

Signature of the employer or other
Authorized Officers of the Establishment.

Designation

Name & Address of the Factory/
Establishment or Rubber Stamp Thereon

Dated the : _____

FORM 2 (Revised)

NOMINATION AND DECLARATION FORM

FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme

(Paragraphs 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension scheme, 1995)

1. Name (in Block letters) : SRIKANTH KOTAKONDA
 2. Father's/Husband's Name : VIJENDER KOTAKONDA
 3. Date of Birth : 08/June/1985
 4. Sex : Male
 5. Marital Status : Married
 6. Account No. : UAN No.:- 100354 236202
 7. Address : Permanent : # FLAT No. 301, Vrindavan Terrace Garden Apartment, Saneguruzi Jagahat, Kolhapur - 416 012
 Temporary : # 2-9-772 (31-3-2220), 1st floor Padmavathi Nilayam, Venkateshwara Swamy temple (back side) TNGOS colony, Hanamkonda, Telangana-506001
 8. Date of Joining : EPF :
 EPS :

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 of share of Accumulations in Provident Fund to be paid to each nominee	If the nominee is a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5
K MANORAMA	WIFE	13/June/1986	100%.	Not Applicable

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.

K. Srikanth

Signature or thumb impression of the subscriber

*Strike out whichever is not applicable.

Village Thana Sub-division Post Office

District Kolhapur State Maharashtra

Place Hyderabad

Date 09/08/2023

K. Srikanth
Signature/Thumb impression
of the employee

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

Name and address of the
establishment or rubber stamp
thereof.

Acknowledgement by the employee

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

Date 09/08/2023

K. Srikanth
Signature of the employee

Note: Strike out the words and paragraphs not applicable.