|  |  |  |
| --- | --- | --- |
| **New Form No. 11 - Declaration Form** | | |
| |  | | --- | |  | | | (To be retained by the Employer for future reference) | |
|  |
| **EMPLOYEES' PROVIDENT FUND ORGANIZATION** |
| 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 EPFS 1952 and/or EPS 1995 is applicable | | |

|  |  |  |
| --- | --- | --- |
| 1 | Name of the Member | Harish M Nair |
| 2 | Father's NameSpouse's Name  ( Please tick whichever is applicable ) | M G Mohanan Nair |
| 3 | Date of Birth (DD/MM/YYYY) | 15-05-2001 |
| 4 | Gender (Male/Female/Transgender) | Male |
| 5 | Marital Status (Married/Unmarried/Widow/Widower/Divorcee) | UnMarried |
| 6 | 1. Email Id | mharishnair@gmail.com |
| 1. Mobile No. | 7510473224 |
| 7 | Whether earlier a member of the Employees' Provident Fund Scheme, 1952 ? | Yes |
| 8 | Whether earlier a member of the Employees' Pension Scheme, 1995 ? | Yes |
| 9 | **Previous employment details [if Yes to 7 &/or 8 above]** |  |
| 1. Universal Account Number | 101870860551 |
| 1. Previous PF Account Number | TNMAS00357910002849936 |
| 1. Date of exit from previous employment (DD/MM/YYYY) |  |
| 1. Scheme Certificate No. (if issued) |  |
| 1. Pension Payment Order (PPO) No. (if issued) |  |
| 10 | 1. International Worker | No |
| 1. If yes, state country of origin(India/Name of other country) |  |
| 1. Passport No. |  |
| 1. Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)] |  |
| 11 | **KYC Details** (attach self attested copies of following KYCs)   1. Bank Account No. & IFS Code | 50100540540215&HDFC0009589 |
| 1. AADHAR No. | 578284816984 |
| 1. Permanent Account No. (PAN), if available | CCRPN9531J |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 12 | First EPF Member Enrolled Date | First Employment  EPF Wages | Are you EPF Member  before 01/09/2014 | If Yes, EPF Amount Withdrawn? | If Yes, EPS (Pension) Amount Withdrawn? | After Sep 2014 earned EPS (Pension) Amount Withdrawn before Join current Employer? | |  |  |  |  | Not withdrawn / Partially Withdrawn | No |   **UNDERTAKING** |
| 1. Certified that the particulars are true to the best of my knowledge. |
| 1. I authorize EPFO to use my Aadhar for verification/authentication/eKYC purpose for service delivery. |
| 1. Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present PF account |
| (The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate) |
| 1. In case of changes in above details, the same will be intimated to employer at the earliest. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Date: | 02-May-2023 |  |  |  | | Place: | Cochin |  |  | Signature of the Member |   **DECLARATION BY PRESENT EMPLOYER**   |  | | --- | | 1. The member Mr/Ms./Mrs……………………………………… has joined on …………………………… and has been allotted PF Number ............................................ | | 1. 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 approvedHave been uploaded and approved with DSC | | C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995: | | * The above PF Account number /UAN 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-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 Funds Scheme, 1952 and paragraph 18 of the Employees’ Pension Scheme, 1995) |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **1** | **Name (in Block Letters)** |  | : | Harish M Nair | | **2** | **Father’s/Husband’s Name** |  | : | M G Mohanan Nair | | **3** | **Date of birth** |  | : | 15-05-2001 | | **4** | **Sex** |  | : | Male | | **5** | **Marital Status** |  | : | UnMarried | | **6** | **Account No. (PF/EPS Number)** |  | : |  | | **7** | **Address (Residential)** | Permanent | : | Pezhackal House, Vellor P O, Pampady, Kottayam, Kerala | |  |  | Temporary | : |  | | **8** | **Date of Joining** |  | : | 02-May-2023 | |  |  | 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 and 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 (%)** | **If the nominee is a minor, name and relationship and  address of the guardian who may receive the amount   during the minority of nominee** | | **-1** | **-2** | **-3** | **-4** | **-5** | | Sreelatha Mohanan - Pezhackal House, Velloor P O, Pampady, Kottayam, Kerala | Mother | 30-05-1972 | 50% |  | | M G Mohanan Nair – Pezhackal House, Velloor P O, Pampady, Kottayam, Kerala | Father | 16-03-1963 | 50% |  | | - |  |  |  |  | | - |  |  |  |  |  |  |  | | --- | --- | | 1 | Certified that I have no family as defined in para 2(g) of the Employees’ Provident Funds 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. | | 3 | Strike out whichever is not applicable. |  |  |  |  | | --- | --- | --- | | **Note: - A Fresh nomination shall be made by the member on his marriage and any nomination made before such marriage shall be deemed to be invalid** |  | Signature or thumb impression of the subscriber |   **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.   |  |  |  |  | | --- | --- | --- | --- | | **Name of the family members** | **Address** | **Date of Birth** | **Relationship with the member** | | M G Mohanan Nair | Pezhackal House, Velloor P O, Pampady, Kottayam, Kerala |  | Father | | Sreelatha Mohanan | Pezhackal House, Velloor P O, Pampady, Kottayam, Kerala | 30-05-1972 | Mother | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   \*\* 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 persons for receiving the monthly widow pension (admissible under para 16 2(a) (i) and (ii) of Employees’ Pension Scheme, 1995 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:  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./Kumari\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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.  **Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Dated the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of the Employer**  **Name and address of the Establishment** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **ESIC Dependent Declaration Form**  I have an existing ESIC code bearing number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** and request you to contribute my ESIC contribution on the ESIC number sharedabove.  **OR**  I Harish M Nairresiding at Pezhackal House, Vellor P O, Pampady, Kottayam, Kerala, based on this requesting you to create new ESIC number and confirming that I do not have an ESIC number from any of my previous employment.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Emp Name (As per Bank A/c)** | **My Bank account no (Do not update joint account details)** | **Bank Name** | **IFSC Code** | **Mobile No** | | Harish M Nair | 50100540540215 | HDFC | HDFC0009589 | 7510473224 |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Dependents Name** | **DOB** | **Relationship** | **AADHAR Card #** | **Address (If the Dependents are not residing with you)** | | Sreelatha Mohanan | 30-05-1972 | Mother |  | Pezhackal House, Velloor P O, Pampady, Kottayam, Kerala | | M G Mohanan Nair | 16-03-1963 | Father |  | Pezhackal House, Velloor P O, Pampady, Kottayam, Kerala | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   I hereby confirm that the above declared information’s are true and correct.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Signature of the employee)**  Name: Harish M Nair  Emp ID:  Date: 02-May-2023 Place: Cochin |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Medical Insurance Declaration**  The GROUP MEDICAL INSURANCE policy effective April 12, 2021 valid till April 11, 2022.  **Coverage details level wise:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Level  1** | **Level 2 & 3** | **Level 4 – 5** | **Level 6 – 7** | **Level 8 & 9** | | **Sum Insured** | 2 lacs | 2 lacs | 3 lacs | 5 lacs | Confidential | | **Coverage** | Self Only | Employee + 4 Dependents (Spouse + 3 Unmarried Children below 25 yrs) | Employee + 6 Dependents  (Spouse + 3 Unmarried Children below 25 yrs + Parents/In-laws) | Employee + 6 Dependents  (Spouse + 3 Unmarried Children below 25 yrs + Parents/In-laws) | Employee + 6 Dependents  (Spouse + 3 Unmarried Children below 25 yrs + Parents/In-laws) |   **Please fill in the dependents details in table below as per level eligibility**.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Sl. No | Dependant Name | Relationship | Gender | Date of Birth  (dd-mmm-yy) | Age | | 1 | Harish M Nair | Self | Male | 15-05-2001 | 21 | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | | 6 |  |  |  |  |  | | 7 |  |  |  |  |  | | 8 |  |  |  |  |  |   Please feel free to get in touch with your Program HR or Insurance Helpdesk for further queries.  Employee Declaration:  I have read the above and agree to abide by the medical insurance policy. I understand that a claim arising is purely subject to the rules of the Insurance Company**. Sutherland Global Services Pvt Ltd** has no liability for any issue arises out of it. I also understand the benefit is only availed till the time I am on the payroll of**Sutherland Global Services Pvt Ltd.**  Date: 02-May-2023 Signature:  Place:Cochin  (Name\_Harish M Nair\_) |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **SUTHERLAND GLOBAL SERVICES PVT. LTD**  **THE PAYMENT OF GRATUITY (CENTRAL) RULES, 1972**  Form ‘F’  [See Sub-rule (1) of Rule 6]   1. I,Harish M Nair(Nameinfull)whoseparticularsaregiveninthestatementbelow,herebynominate 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. Iherebycertifythattheperson(s)mentionedisa/aremember(s)ofmyfamilywithinthemeaningofClause(h)of section 2 of the Payment of Gratuity Act,1972. 3. IherebydeclarethatIhaveno familywithinthemeaningofclause(h) ofsection2ofthesaidAct. 4. (a) My father/mother/parents is/are not dependent onme.   (b) My husband´s father/mother/parents is/are not dependent on my husband.   1. 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 saidAct. 2. Nomination made herein invalidates my previousnomination.  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **NOMINEE(S)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name of nominee(s)** | **Address of nominee(s** | **Relationship with the employee** | **Age of nominee** | **Proportion by which the gratuity will be shared** | | **-1** | **-2** | **-3** | **-4** | **-5** | | Sreelatha Mohanan | Pezhackal House, Velloor P O, Pampady, Kottayam, Kerala | Mother | 50 | 50% | | M G Mohanan Nair | Pezhackal House, Velloor P O, Pampady, Kottayam, Kerala | Father | 60 | 50% | |  |  |  |  |  | |  |  |  |  |  |   **SUTHERLAND GLOBAL SERVICES PVT. LTD.** | | | | | | | | | | | | | | | |  |  |  |  | |  | | |  | |  | |  | | | **THE PAYMENT OF GRATUITY (CENTRAL) RULES, 1972** | | | | | | | | | | | | | | | | **Statement** | | | | | | | | | | | | | | | | 1. Name of the employee in Full | | | | | | | : | Harish M Nair | | | | | | 2. Sex | | | | | | | : | Male | | | | | | 3. Religion | | | | | | | : | Hinduism | | | | | | 4. Whether Unmarried/Married/Widow/Widower | | | | | | | : | UnMarried | | | | | | 5. Department/Branch/Section where employed | | | | | | | : | Amazon | | | | | | 6. Post held with Ticket No. or Serial No., if any | | | | | | | : |  | | | | | | 7. Date of appointment | | | | | | | : | 02-May-2023 | | | | | | 8. Permanent Address | | | | | | | : | Pezhackal House, Vellor P O, Pampady, Kottayam, Kerala | | | | | | Village | | | | Pampady | |  | | | Taluk | | Kottayam | | | Post Office | | | | Velloor | |  | | | District | | Kottayam | | | Nearest Police Station | | | | Pampady | |  | | | State | | Kerala | | | Place:Cochin | | | |  | |  | | |  | |  | | | Date:\_\_02-May-2023 | | | |  | |  | | | **Signature of Employee** | | | |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **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:\_\_\_\_Cochin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | |  | | Date: \_02-May-2023\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **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 Employer / Officer authorized** | | |  |  | |  | | | Designation Name and address of the establishment or rubber-stamp there of. | | | **ACKNOWLEDGEMENT BY THE EMPLOYEE** | | | | | | | | | Received the duplicate copy of the nomination in Form F filed by me and duly certified by the employer. | | | | | | | | |  |  | |  | | |  | | |  | **Date:**02-May-2023 | |  | | | **Signature of the Employee.** | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **DECLARATION FOR GRATUITY**  I hereby declare that,   1. I have received gratuity from my previous employers asbelow:  |  |  |  | | --- | --- | --- | | **Year** | **Name of the Previous Employer** | **Amount Received (Rs.)** | |  |  |  |   I solemnly affirm that the above declaration is true and correct.  Signature of the employee **Name of the Employee:Harish M Nair****Employee Id:** **(Or)**  I hereby declare that,   1. I have not received gratuity from any of my previousemployers   I solemnly affirm that the above declaration is true and correct.  Signature of the employee **Name of the Employee: Harish M Nair****Employee Id:**  |  | | --- | | **Sutherland Global Services Pvt. Ltd.**  **GENERAL NOMINATION FORM** | | I **Mr/Ms.**Harish M Nair S/D/H of M G Mohanan Nairworking with Sutherland Global Services Pvt. Ltd. Since**\_\_\_\_\_\_\_\_\_\_** and residing at Pezhackal House, Vellor P O, Pampady, Kottayam, Kerala do hereby | | nominate the person(s) mentioned below to receive any dues including unpaid salary, incentives, bonus,   final settlements, insurance benefits etc., payable to me after my death and request that it be paid to the nominees   in the proportion indicated against their names. | | **Nominee Details :** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Name and Address of the Nominee (s)** | | | **Relationship with the Employee** | | **Age ( Years )** | **Share on Total Payable** | | | Sreelatha MohananPezhackal House, Velloor P O, Pampady, Kottayam, Kerala | | | Mother | | 50 | 50% | | | M G Mohanan NairPezhackal House, Velloor P O, Pampady, Kottayam, Kerala | | | Father | | 60 | 50% | | |  | | |  | |  |  | | | - | | |  | |  |  | | |  | | |  | |  |  | | | Location | :Cochin |  | |  | Your's faithfully, | | | Date | :02-May-2023 |  | |  |  | | |  |  |  | |  | (Name:\_\_Harish M Nair\_\_) | |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |   **Certified by Employer**  Certified that the particulars of the above nomination have been verified and recorded.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Location | :Cochin |  |  |  | | Date | : 02-May-2023 |  |  | Signature of Employer | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **[See Rule 10 (1) A]**  **SERVICE RECORD**   |  | | --- | | Emp ID: | |  |  |  |  |  | | --- | --- | --- | | 1. | Name of the Establishment | : Sutherland Global Services Pvt. Ltd. | | 2. | Name of the employee | :Harish M Nair | | 3. | Name of the Father / Husband | :M G Mohanan Nair | | 4. | DOB | :15-05-2001 | | 5. | Full Residential Address | :Pezhackal House, Vellor P O, Pampady, Kottayam, Kerala | | 6. | Sex | :Male | | 7. | Date of entry into sevice | :02-May-2023 | | 8. | Category / Designation | : | | 9. | Pay (Details)  Basic pay :   DA :   HRA :   Other allowances :   Gross Salary : |  | | 10. | Date of Retirement / Discharge / Dismissal / Retirement / Resignation |  | | 11. | Signature of Employee | : | | 12. | Signature of Employer | : | | 13. | Counter Signature of the Inspector | : | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | --- | | **Kerala Shops and Commercial Establishments Labour Welfare Fund,2007 (FORM 1)** | | **Application for Registration and Nomination** | | **[See Rule 26(1)]** |  |  |  |  | | --- | --- | --- | | 1 | Name | :Harish M Nair | | 2 | Father's & Husband's name | :M G Mohanan Nair | | 3 | Address | :Pezhackal House, Vellor P O, Pampady, Kottayam, Kerala | |  |  |  | |  |  |  | | 4 | Date of Birth & Age | :15-05-2001 , 21 | |  | (Submit document for age proof) | : | | 5 | Marital Status | :UnMarried | | 6 | Whether employee or self-employed person | : Employee | | 7 | If employee, nature of job | : | | 8 | Name and address of the Organisation and the name of the owner | :Sutherland Global Services Pvt. Ltd.,Technopolis, Plot #1, CSEZ,Kakkanad,Cochin Kerala | | 9 | How long you have been working in this organisation | :02-May-2023 | | 10 | The registration number of the organisation under the kerala Shops & Commercial Establishment Act 1960 | : | | 11 | Name and particulars of the family members of the applicant | |  |  |  |  |  | | --- | --- | --- | --- | | **Name of the Family member** | **Relationship with employee** | **Age** | **Occupation** | | Sreelatha Mohanan | Mother | 50 |  |  |  |  |  |  | | --- | --- | --- | --- | | 12 | Where the applicant is a member of any other Welfare Fund | |  | | 13 | If a member (a) The name of the Welfare fund (b) The date of joining the fund (c) Till which date the contribution remitted | |  | | 14 | Certificate that the details mentioned above are true to the best of my knowledge | |  | |  |  | | Signature of the applicant | | |  |  | |  | | | **Signature and address of the employer:** | | **Signature of inspector / District Executive Officer** | | | |   **Nomination**  15 I hereby nominate the following family member / family members to receive the benefits in the event of my death.   |  |  |  |  | | --- | --- | --- | --- | | **Name of the Family member** | The Percentage of amount to be given in the event of death of the applicant | **Relationship with employee** | **Age** | | Sreelatha Mohanan | 50% | Mother | 50 | | M G Mohanan Nair | 50% | Father | 60 | |  |  |  |  | |  |  |  |  | |  | Signature of the applicant | | |  |  |  | | --- | --- | | For Office use |  | | Application accepted / Rejected: |  | | If accepted Register No : |  | | If rejected reason for rejection : |  | | Place : |  | | Date: | Signature of inspector / District Executive officer | |  |