TRANSFER CLAIM FORM

FORM 13 (REVISED)

CLAIM ID		
	(For FPFO Use only)	



EMPLOYEES' PROVIDENT FUND SCHEME, 1952 (PARA 57)

To, The Regional P F Commissioner, Office Name: Office Address:	Trust Name: Hindustan instruments Limited Trust Address: plot NO3, Udyog Vihar phase 1, Gurugram, 122016, India
(Please see instruction 3)	(in case the PF A/C is with Exempted Establishment)
Sir, ! request that my provident fund bal transferred to my present account under intin	ance along with my pension service details may please be nation to me. My details are as under:
PART A: PEI	RSONAL INFORMATION
1. *Name: NANDHYALA	LINGA REDDY
2. *Father's/Husband's name: NAME	DHUALA KATT DENDU
3. Mobile number: 9182340639	1 5 mail ide 10 and 10 at 15 at 15 1
5. Bank A/C number: 501005020318	6. IFS code of Bank branch: HDFC 000 1624
PART B: DETAILS OF PREVIOUS	ACCOUNT (WHICH IS TO BE TRANSFERRED)
1. *PF Account No. : GN GGN In case the previous establishment is exemple Pension Fund Account No. : NON	ted under Employees' Provident Fund Scheme, 1952
2. *Name and Address of the previous establish	HCI TAN I
3. Fr Account is neid by: (Name of EPF Office)	PF Trust) PF TYDSE
4. *Date of Birth: 16/05/2000 (dd/mm/yy of share of leaving: 10 - 06 - 202 (dd/mm/y	yy) 5. *Date of joining : 28-02 (dd/mm/yyyy) yyy)
PART C: DETAIL	S OF PRESENT ACCOUNT
1. *PF Account No. : PO PUN 34 In case the present establishment is exempte Pension Fund Account No. : PO PON	224 102236 742524 d under Employees' Provident Fund Scheme,1952 34224 10223 6 742524
2. *Name and Address of the present establishment of the stable of the present establishment es	rent: Tech mahindro Itd. Karve road, Erandwan, pone, 411004

3. *Account is held by: (Name of EPF Office / PF Trust)	R.P.F.C Pupe
4. *Date of joining: 19 08 2025 (dd/mm/yyyy)	
5. #Name of Trust (to whom funds are to be paid in case	se of present establishment being exempted
under EPF Scheme, 1952): Not ap	
6. #Employee code under the Trust:Nata	ppimble
(* indicates mandatory fields) (# Strike off if not app.	licable)
I, Certify that all the information given above is true to the correctness of my present and previous account numbers.	ne best of my knowledge and I have ensured ers.
	N. Ling Docuy
	Signature of the Member
IRADODTANIT. AA.	Date: 02 09 2025
IMPORTANT: Member has the option to get the claim for	m attested by present or previous employer.
In case of attestation by the previous employer, time take	in settlement will be relatively less.
Certified that I have verified the data in Part B in respect form and the signature of the member.	of the member mentioned in Part A of this
Seal of the Establishment	Signature of Previous Employer Date:
OR	
Certified that I have verified the data in Part C in respect form.	
form.	For Tech Mahindra Limited
*(S	15 MULLS
To m	Signature of Present Employer Date: Authorised Signatory
Seal of the Establishment	Date: Authorised Signatory
INSTRUCTIONS AND GU	IDELLING
The Bank A/C details are for verification purpose ev	en if the Fund is transferred to the EDEO
Office/Trust maintaining the present account number.	
2. In case the Previous Account was maintained by PF	Trust of the exempted establishment, the
member should submit a Transfer Claim Form (Forn another Transfer Claim Form (Form-13(Revised)) to the	n-13(Revised)} to the Trust while sending
under the Pension Fund to the new account.	re office for transferring the service details
3. The Form should be submitted to that PF Office under	r which provides on the annual to
	which previous of the present account is

maintained, depending upon as to which employer has attested the claim. (In case the claim is attested by the present employer, claim should be submitted with the PF Office under which the

4. The mobile number (wherever provided) of the member would be used for sending an SMS alert informing him/her the processing of his/her claim and is non-mandatory for Physical form.

present account is maintained, and so on).