

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	POKA BHANUCHANDAR
4. His/Her Postal Address	
5. His/Her Permanent Address	Podili, Prakasam (Dist), Andhra pradhesh
6. Father/Husband Name	Father: POKA VENKATA NARASIMHAM
7. Date of Birth (dd-mm-yyyy)	11/03/1999
8. Date of his/her entry into employment. (DOJ – dd-mm-yyyy)	26/05/2025
9. Designation (Career Level)	10
10. Nature of work entrusted to him/her (Role)	Packaged App Development Senior Analyst
11. His/Her serial number in the Register of employment (CID)	A776068
12. Rate of wages payable to him/her	Refer to Offer Documents
Place: Bengaluru	 Rohit Jhamb Associate Director India Lead - HR Services
Date: 26/05/2025	
Acknowledgement by the employee with date & signature	Accenture Solutions Private Limited

GF_ 14012877

Form 'F'

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

The Trustees
 Accenture Employees Group
 Gratuity cum Life Assurance scheme.

Name	POKA	Father Name/ Husband Name	Father: POKA VENKATA NARASIMHAM	Sur Name	BHANUCHANDAR
Sex	MALE	Employee Code	14012877		
Religion	HINDU	Martial Status	single		
Date of Birth	11/03/1999	Permanent Address:	PODILY, PRAKASAM (DIST), ANDHRA PRADESH		
Date of Joining		26/05/2025			

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	POKA VENKATA NARASIMHAM	FATHER	58	50
2	POKA SESHAMMA	MOTHER	42	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 26 day of 05 2025 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_ 14012877

ON_14012877

Nomination form for other Benefits

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

Name	POKA BHANUCHANDAR	Father Name/ Husband Name	Father:	POKA VENKATA NARASIMHAM
Employee Code	14012877	Date of birth	11/03/1999	Date of Joining 26/05/2025
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	POKA VENKATA NARASIMHAM	father	59	100

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	Poka Venkata Narasimham	father	59	100

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	Poka Venkata Narasimham	father	59	100

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	Poka Venkata Narasimham	father	59	100

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	Poka Venkata Narasimham	father	59	100

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	Poka Venkata Narasimham	father	59	100

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	Poka Venkata Narasimham	father	59	100

Declaration by Witnesses:

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

Employee Code	14012877	Location	Bengaluru
Employee Signature		Date	26/05/2025

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	26/05/2025	
ON_ 14012877		