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PF 11647141

Reference No : 1028075 Employee ID : 11647141

Date of Joining: 28 / Dec /2018

Form - 2

Group No: Corporate 1

Office: Bandra

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) KADIMELLA S R G REVANTH Father's / Husband's Name raghunadha varma K S Date of Birth 29 / Jul /1990 Sex Male Marital Status Unmarried > PF Account No MH/BAN/45665/ 1249285 D.no:4/119, Mulakkayapalle, karampalle post, Mannur, Rajampet Mandal, YSR KADAPA DISTRICT, ANDHRA PRADESH-Present Address 516216 D.no:4/119, Mulakkayapalle, karampalle post, Mannur, Rajampet Mandal, YSR KADAPA DISTRICT, ANDHRA PRADESH-Permanent Address 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.

Add New Row Total amount or If the Nominee is a minor, share of name and relationship & Nominee's Name & Address of the accumulations in address of the guardian relationship with the Date of Birth nominee / nominees Provident Fund to be who may receive the member paid to each amount during the nominee(percentage) minority of nominee D.no:4/119,Mulakkaya RAGHUNADHA VARMA 14/03/1961 D.no:4/119,Mulakkaya palle,karampalle **FATHER** 100 post, Mannur, palle, karampalle Rajampet Mandal,YSR post, Mannur,

- 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.
- * Strick 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.

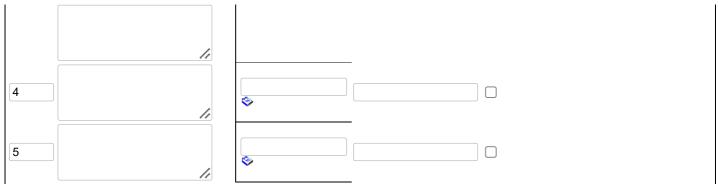
SR.NO Name And Address of the Family Members

Date of Birth Relationship with Member

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PF 11647141



^{**} 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.

the even	i of my death without leaving a	any engione family	member / s for receiving pens	1011.
				Add New Row
SR.NO	Name and address of the Nominee	Date of Birth	Relationship with Member	
1	RAGHUNADHA VARMA D.no:4/119,Mulakkaya palle,karampalle post, Mannur,	14/03/1961	FATHER 🗸	
DATE :_				
Strike ou	at whichever is not applicable		-	X Signature of the Employee
		CERTIFIC	ATE BY EMPLOYER	
Certified	d that the above declaration a	and nomination h	as been signed before me by	Shri/Smt/Kum
				nployed in my/our Establishment
after he/	she has read the entries/entr	ies has been read	over to him/her by me and g	ot confirmed by him/her
	For			
	Authorized Signatory			
Plant 3,	ccenture Solutions Pvt. Ltd, Godrej & Boyce Complex, LF Vikhroli (W), Mumbai – 400 0			
Place: M	[umbai			

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