

## ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10177569858005001)

Claim Date: 10/05/2024

#### EMPLOYEES' PROVIDENT FUND SCHEME, 1952

(PARA 57)

(This form has been printed on the basis of Online Transfer Claim Form filled up by the member under Unified Portal for submission to the employer.)

To,

The Regional P.F. Commissioner,

DEHRADUN,

Bhavishyanidhi Bhawan, Vyomprasth, GMS Road, Dehradun

Sir,

I request that my Provident Fund balance along with my Pension Service Details may please be transferred to my present account under intimation to me. My details are as under:

#### **PART A: PERSONAL**

1. Name : RULESH RAJESH NIGREL

2. Mobile Number : 8600261450

3. E-mail id : ruleshnigrel52@gmail.com

4. Bank Account Number : 50100228570123

5. Bank IFSC : HDFC0000662

# PART B: DETAILS OF PREVIOUS PF ACCOUNTS (WHICH IS TO BE TRANSFERRED)

1. PF Account No. (with EPFO : UKDDN19805710000013981

2. Name of the Establishment : I.M.S.I STAFFING PRIVATE LIMITED

3. Address of the Establishment . Suite No 2410, Doon Express Busines Transport Nagar, Subhash Nagar,

Dehradun DEHRADUN

4. PF A/C No. held by : DEHRADUN

5. Name of the Trust : NOT APPLICABLE

6. PF A/C No. in Trust : NOT APPLICABLE

7. Bank A/C No. of Trust : NOT APPLICABLE

8. IFS Code of the Bank Branch of

Trust where account is : NOT APPLICABLE

9. Member's Name : RULESH RAJESH NIGREL

10. Date of Birth : 21/02/2000

11. Father's/Spouse Name : RAJESH NIGREL

12. Relationship : FATHER

13. Date of joining : 10/01/2022

14. Date of leaving : 31/01/2024

### **PART C: DETAILS OF PRESENT PF**

1. PF Account No. (with EPFO : PYBOM17226410000039319

2. Name of the Establishment : TEAMLEASE DIGITAL PRIVATE LIMITED

3. Address of the Establishment : 77,315 WORK AVENUE, JYOTHI NIVAS COLLEGE ROAD, KORAMANGALA

BANGALORE BENGALURU (BANGALORE) URBAN

4. PF A/C No. held by : SRO BOMMASANDRA

5. Name of the Trust : NOT APPLICABLE

6. PF A/C No. in Trust : NOT APPLICABLE

7. Bank A/C No. of Trust : NOT APPLICABLE

8. IFS Code of the Bank Branch of

Trust where account is : NOT APPLICABLE

9. Member's Name : RULESH RAJESH NIGREL

10. Date of Birth : 21/02/2000

11. Father's/Spouse Name : RAJESH NIGREL

12. Relationship : FATHER

13. Date of joining : 01/02/2024

I, Certify that all the information given above are true to the best of my knowledge and I have ensured the correctness of my present and previous account numbers.

Signature of the member

Note: Member should take a printout of this form and a signed copy of the same should be submitted to the Previous Establishment i.e. I.M.S.I STAFFING PRIVATE LIMITED