

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and for EPS, 1995 is applicable)

1.	Name of the member	GALREDDY GARI SATISH REDDY
2.	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	G NARENDER REDDY
3.	Date of Birth: (DD / MM / YYYY)	11/10/1989
4.	Gender: (Male/Female/Transgender)	MALE
5.	Marital Status (Married/Unmarried/Widow/Widower/Divorced)	MARRIED
6.	(a) Email ID: satishgalreddy9@gmail.com (b) Mobile No.: 9832226848	
7.	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No
8.	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No
Previous employment details: [If Yes to 7 AND/OR 8 above]		
9.	a) Universal Account Number: b) Previous PF Account Number: c) Date of exit from previous employment: (DD/MM/YYYY) d) Scheme Certificate No. (if issued) e) Pension Payment Order (PPO) No. (if issued)	100784150794 BGBN6002380200012401 2010/3/2020 0004794
10.	a) International Worker: b) If yes, state country of origin (India/Name of other country) c) Passport No.	Yes / No
11.	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)] KYC Details: (attach self attested copies of following KYCs) a) Bank Account No. & IFS Code b) AADHAR Number c) Permanent Account Number (PAN), if available	1111606365 KKBK 0000561 9456 8859 3489 BECPR4324HK

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/KYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. 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)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: 10/11/2020
Place: HYDERABAD

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr./Ms./M/s. has joined on and has been allotted PF Number
- B. 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 approved
- ☐ Have 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

Statement

1. Name of employee in full GALREDDYGARI SATISH REDDY
2. Sex MALE
3. Religion HINDU
4. Whether unmarried/married/widow/widower MARRIED
5. Department/Branch/Section where employed IT CAPTIVE APP SERVICES
6. Post held with Ticket No. or Serial No., if any _____
7. Date of appointment 23/03 23/03/2020
8. Permanent address: 5-206/2/2
 Village Gundlapochampalli Thana _____ Sub-division _____
 Post Office 500100 District Rangareddy State Telangana

Place: HYDERABAD

Satish
 Signature/Thumb-impression of the
 Employee

Date: 10/15/2020

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Yeswanth
 Signature of Witnesses.

1. G. Yeswanth reddy 1.
2. G. Kalpana

Kalpana

Place: HyderabadDate: 10/15/2020

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 the employer/Officer authorised
 Designation

Date: _____

Name and address of the establishment or
 rubber stamp thereof.

Payment of Gratuity (Central) Rules

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,

(Give here name or description of the establishment with full address)

FIS GLOBAL
I, Shri/Shrimati/Kumari G. KALPANA
(Name in full here)

whose particulars are given in the statement below, 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 name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.

4 (a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

5. 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 said Act.

6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)		Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
(1)		(2)	(3)	(4)
1.	G. KALPANA	WIFE	27	100%
2.				
3.				
So on.				

Ename ;

Acknowledgement by the Employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date: 10/15/2020

Sahsh
Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.

Enumber :

Ename :

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 Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension scheme, 1995)

1. Name (in Block letters) : GALREDDYGARI SATISH REDDY
2. Father's/Husband's Name : G. NARENDER REDDY
3. Date of Birth : 11/10/1989
4. Sex : MALE
5. Marital Status : MARRIED
6. Account No. :
7. Address : Permanent : 5-206/2/2, Gundlapochampalli, Medchal mandal, Rangareddy
Telangana, 500100 Temporary : 3rd floor, #STV, 26, 1st main, 2nd cross, Munneswara
layout, Munne Kollala, Marathahalli
560037

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 of nominee/ nominees	Address	Nominee's relation- ship with the member	Date of Birth	Total amount of share of Accumulations in Provi- dent Fund to be paid to each nominee	If the nominee is a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5	6
G. KALPANA	5-206/2/2, Gundlapochampalli, Medchal mandal, Rangareddy district, Telangana, 500100	WIFE	24/03/1993	100%	

- * 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.
- * Certified that my father/mother is/are dependent upon me.

x

Signature or thumb impression of the subscriber

*Strike out whichever is not applicable.

Enumber :

Ename :

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.

S.No.	Name of the family member	Address	Date of Birth	Relationship with the member
1	2	3	4	5
1	G. KALPANA	5-206/2/2,	24/03/1993	WIFE
2		Gundakapochampalli,		
3		Medchal Mandal,		
4		Rangareddy district,		
5		TELANGANA, 50000		
6				

** 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 person for receiving the monthly widow pension (admissible under para 16 2(a)(i) and (ii) 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
1	2	3
1.		
2.		
3.		
4.		

Date : 15/10/2020

Place : Hyderabad

**Strike out whichever is not applicable.

Satish
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./Kum. _____

_____ employed in my establishment after he/she has read the entries/entries have been read over to him/her

by me and got confirmed by him/her.

Place : _____

Dated the : _____

Signature of the employer or other
Authorized Officers of the Establishment.

Designation

Name & Address of the Factory/
Establishment or Rubber Stamp Thereon