



Apex Fund Services LLP,
NOB Building, First Floor, Office No 102,
Sector A-2, S No.154/6, Blue Ridge, Hinjewadi,
Pune-411047, Maharashtra
LLPIN: AAL-4130
Email Id: apex@apexfunds.in
Phone No.: +91 (0) 20 6740 0202

(Please paste your recent color photograph here)

S I L I A T E D L A N D S I D E	Full Name	(First name) (Fathers/Husbands name) (Surname)		
	Name (As per aadhar)	Pavan kumar Rajapantula		
	Date of birth (dd-mm-yyyy)	10/05/1995		
	Marital Status	Unmarried	Blood Group	B+
	Current Address	Flat no 405, 4th floor, Luxor heights, Alkapur Road, Nekkampur ,Manikonda, Hyderabad-500089.		
	Tel. No.	9492423301		
	Permanent Address	P N colony , 5th Lane, Plot no 210, Srikakulam - 532001.		
	Landline Number	9494164610	9502411171	
	Email ID 1	capk1310@gmail.com		

Y C T N C E A T G R E D M C E	Emergency contact No 1 Name	Pallam Prasanna		
	Relationship	Fiance	Contact Number	9876992933
	Emergency contact No 2 Name [in base location]	Pallam Abhishek		
	Relationship	Brother in law	Contact Number	8768699441

S I L I A T E	Do you have a passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please give details below:	

P T R O P S I A P	Passport number		Place of issue	
	Date of issue		Date of expiry	
	Countries visited:			

* Mandatory for non-Indian citizens / optional for Indians



Apex Fund Services LLP,
 NOB Building, First Floor, Office No 102,
 Sector A-2, S No.154/6, Blue Ridge, Hinjewadi,
 Pune-411047, Maharashtra
 LLPIN: AAL-4130
 Email Id: apex@apexfunds.in
 Phone No.: +91 (0) 20 6740 0202

N O T A C U D E	Qualification	Specialization	Board / University	Year of passing	Percentage / CGPA
	10		SSC	2010	85
	12		BOIE	2012	92
	B Com	Computers	B R Ambedkar	2015	74
	CA IPCC	Accounting	ICAI	2021	54

I S C N E R F E R	List 2 references (People to whom you have reported to in your previous employment)			
	Name	Designation & Organization	Telephone no.	Email ID
	L Sudheer	CA Ramanthan & Krishna kumar chartered accountant	9992379923	sdhr.2011@gmail.com
	Praveen Kumar J	Deputy manager Eisner Amper	9886216785	praveenkumar.jayachandran @resig.com

I S C N E R F E R	Do you know anyone working at Apex (I) presently?		<input type="checkbox"/> Yes <input type="checkbox"/> No Yes	
	If yes, please give details below:			
	Name	Relationship	Designation at Apex (I)	
	K Sai krishna	Friend	Associate Level - 2	



**** Family here means Parents, spouse , siblings and kids**

N O T A R A L C E R D	<p>I certify that the information furnished above is factually correct and subject to verification by Apex. I also certify that I am, at present, in sound mental and physical condition to undertake employment with Apex. I accept that an appointment given to me on this basis can be revoked, if any information is found to be misstated or unstated.</p>	
	Signature of applicant	<i>R Pavan Kumar</i>
	Date & Place	12/6/2023



EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Fund Scheme, 1952 (Paragraph 34 & 57) and
Employees' Pension Scheme, 1995 (Paragraph 24)

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

1. Name of Member (Aadhar Name) RAJAPANTULA PAVAN KUMAR
2. Father's Name Spouse's Name
(Please tick whichever applicable) R VENKATA RAMANA MURTY
3. Date of Birth (dd/mm/yyyy) 10/05/1995
4. Gender (Male / Female / Transgender) MALE
5. Marital Status ? (Single/Married/Widow/Widower/Divorcee) SINGLE
- 6.(a) eMail ID (Personal Email ID) capk1310@gmail.com
(b) Mobile No (Aadhar Registered) 9492423301
7. Whether earlier member of the Employee's Provident Fund Scheme, 1952 ? - Yes / No
Tick Yes - If you have any PF in your previous organization.
Tick No – IN case of no previous PF / Fresher.
8. Whether earlier member of the Employee's Pension Scheme, 1995 ? Yes / No
Check PF passbook and tick YES if enrolled for Pension and NO if not enrolled for Pension.
9. Previous Employment details ? (If Yes, 7 or 8 details above)
 - a) Universal Account Number (UAN) (from most recent organization) -
 - b) Previous PF Account Number (from most recent organization) -
 - c) Date of Exit from previous Employment ? (dd/mm/yyyy) Last working date - 30/05/2023
 - d) Scheme Certificate No (If issued) Not Applicable
 - e) Pension Payment Order (PPO) (If issued) Not Applicable.
- 10.a) International Worker - Yes / No
Tick Yes , if your country of origin is not India
If Yes , please enter b, c, d
 - b) If Yes, state country of origin (name of other country)
 - c) Passport No.
 - d) Validity of passport (dd/mm/yyyy) to (dd/mm/yyyy)
11. KYC Details : (attach self attested copies of following KYC's) Must Enclose Scan copy for the following documents
 - a) Bank Account No. & IFS Code -
(The one linked to PF)
 - b) AADHAR Number - 516678890248.
 - c) Permanent Account Number (PAN), If available - BILPR1693G
12. First EPF Member Enrolled Date

First Employment EPF
Wages

Are you EPF Member
before 01/09/2014

If Yes, EPF Amount
Withdrawn?

If Yes, EPS (Pension)

Amount Withdrawn?

After Sep 2014 earned EPS

(Pension) Amount Withdrawn

before Join current Employer?

Available in your EPFO

portal / Start Date of the first

organization which enrolled

your PF

Wages of the first

organization which enrolled

your PF

Yes / No Yes / No Yes / No Yes / No

UNDERTAKING

1) Certified that the particulars are true to the best of my knowledge

2) I authorise EPFO to use my Aadhar for verification / authentication / eKYC purpose for service delivery

3) Kindly transfer the fund and service details, if applicable, from the previous PF account as declared above to the present PF account.

(The transfer would be possible only if the identified KYC details approved by previous employer has been verified by present employer using his Digital Signature

4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date :

Place : Signature of Member

in above details, the same will be intimated to employer at the earliest.

 HarSun

|

HarSun

Signature of Member DECLARATION BY PRESENT EMPLOYER

DECLARATION BY PRESENT EMPLOYER

A. The member Mr./Ms./Mrs. Has joined onand 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 or the member is) Please Tick the Appropriate Option : The KYC details of the above member in the JAN 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 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.

Signate of Employer with Seal of Establishment

Date :

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Schemes

(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees Pension Scheme 1995)

1. Name (IN BLOCK LETTERS) : RAJAPANTULA PAVAN KUMAR

Name Father's / Husband's Name Surname R VENKATA RAMANA MURTY

2. Date of Birth : 10/05/1995 3. Account No. _____

4. *Sex : MALE/FEMALE: MALE

5. Marital Status : Single

6. Address Permanent / Temporary : P N COLONY , 5th lane, plot no 210, Srikakulam. - 532001.

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 the Nominee (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
Pallam Prasanna	Kharagpur, Westbengal.	Fiance	13/01/1996	100%	100%

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.

Strike out whichever is not applicable Signature/or thumb impression of the subscriber

PART – (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 premature death in service.

Sr. No	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)
1	Pallam Prasanna	27	Fiance

Certified that I have no family as defined in para 2 (vii) of the Employees's Family 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 (a) (i) & (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 member
Pallam Prasanna	13/01/1996	Fiance

Date _____

R Pavan Kumar
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./ Miss _____ employed in my establishment after he/she has read the entries / the entries have been read over to him/her by me and got confirmed by him/her.

Date : _____

Signature of the employer or other authorised officer of the establishment

Place :

Name & address of the Factory /Establishment

Date :

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)

I, Shri/Shrimati/Kumari

(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.	Pallam Prasanna	Fiance	26	100%
2.				
3.				
So on.				

Statement

1. Name of employee in full :

2. Sex

3. Religion_

4. Whether unmarried/married/widow/widower

5. Department/Branch/Section where employed

6. Post held with Ticket No. or Serial No., if any

7. Date of appointment

8. Permanent address:

Village SRIKAKULAM Sub-division P N COLONY , 5TH LANE, PLOT NO 210 Post

Office 532001 District SRIKAKULAM _State ANDHRAPRADESH.

Place: HYDERABAD

R Pavan Kumar

Signature/Thumb-impression of the Employee

Date: 12/06/2023.

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:

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:
Director

Date: Name and address of the establishment or rubber stamp thereof.

Acknowledgement by the Employee

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

R Pavan Kumar

Date: Signature of the Employee

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

Date:

To,

The Regional Provident Fund Commissioner,
2-3 rd Floor, Pune Cantonment Board Building,
Near Golibar Maidan Camp, Pune – 411001.

Sub: Application for regularizing Membership/Provident Fund –
Contributions deducted on Salaries over and above –
Rs 15,000/- or at higher rate.

Sir,

I the undersigned Shri.....bearing account No.
PU/PUN/1721491/..... employees of M/s APEX FUND SERVICES LLP hereby
declare that I have been contributing Provident Fund on my entire salary at the rate
of. 12% with effect from.....

I am / am not an 'excluded' employee with in the meaning of Para (2) (f) of the
Employees Provident Fund Scheme, 1952. I request that

1) I may enrolled as member of the Employees Provident Fund Voluntarily with
effect from

2) I may be permitted to contribute voluntarily on my entire salary exceeding
Rs...../- per month with effect from.....

3) I may be permitted to contribute @% instead of the Statutory rate of 8 1/3 / 10 % with effect from

Yours faithfully,

X

Member's signature

We M/S. APEX FUND SERVICES LLP Bearing Code no. PU/PUN/1721491,
Hereby declare that:-

- 1) We have voluntarily enrolled Shri As member of the Employees Provident Fund from And his account no. MH/...../.....
 - 2) We have been deducting contribution on his entire pay with effect from
 - 3) We have been making matching contributions on pay upto Rs...../- per month on entire pay with effect from
 - 4) We have been deducting Provident fund Contribution voluntarily @% of pay and making matching contribution @ Of pay.
 - 5) We have paid Administrative Charges and submitted all the returns in respect of the above member according and will continue to do so.
- We request that this case be regularized by permitting voluntary membership and contribution on entire Salary @.% of pay as stated above.

Yours faithfully

For

Place: **Authorised Signatory** Date: Signatures Designation of employer Or
authorized officer