The Payment Of Gratuity(Central) Rules, 1972

FORM 'F'

[See sub-rule (1) of rule 6]
Nomination

To Finnovation Tech solutions Pvt Ltd
[Give here name or description of the establishment with full address]
SIDDESHWAR MALI I. Shri/Shrimati/Kumari
below,
[Name in full here]
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 bereby certify that the person(s) mentioned is alare member(s) of my family within

- 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.
- 3. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.
 - (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 PARASHURAM MALI S/O TUKARAM MALI ,274,Mali Galli, Kagwad, 2 Belgaum, Karnataka 591223	Father		100
3			
so on.	遊		j.



Composite Declaration Form -11

(To be retained by the employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &

Employees' Pension Scheme, 1995 (Paragraph 24)
(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1	Name of the member				Siddesl	Siddeshwar Mali			
2	Father's Name Spouse's Name				Parash	Parashuram Mali			
3	Date of Birth: (DD / MM / YYYY)				23-Jul-1	23-Jul-1998			
4	Gender: (Male/Fem	ale/Transgender)			Male				
5	Marital Status: (Mar	rried/Unmarried/	Widow/Widov	wer/Divorcee)	Unmarried	.,			
6	(a) Email ID:				siddeshwa	siddeshwar224@gmail.com 8073874189			
7	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)				01-Jan-20	01-Jan-2021			
	KYC Details: (attac		opies of follow	ring KYCs)					
8	a) Bank Account Ib) IFS Code of the				375202010				
	c) AADHAR Nun	nber			895397805				
	d) Permanent Acc	ount Number (PA	N), if availab	ole	DGIPM682	21A			
9	Whether earlier a m	ember of Employ	ees' Provider	nt Fund Scheme,		Yes/No Yes			
10	Whether earlier a m						Yes / No	Yes	
	Previous employm	ent details: [if Y	es to 9 AND/			l			
	Establishment Name & Address	Universal Account Number	PF Account Number	Date of joining (DD/MM/ YYYY)	Date of exit (DD/MM/ YYYY)	Scheme Certificate No. (if issued	PPO Number (if issued)	Non Contributory Period (NCP) Days	
11	Bigleap technologie & solutions Pvt Ltd	101691775762	APHYD1384 433000002671 6	28-APR-2021	31-DEC-202				
	Previous employment details: [if Yes to 9 AND/OR 10 above] — For Name & Address of the Trust UAN Member EPS A/c Number (For Exempte Date of joining (DD/MM/	Date of exit (DD/MM/	Scheme Certificate No. (if	Non Contributory Period (NCP)	
12	101691775762			YYYY)	31-Dec-2021	issued	Days		
	Bigleap technologies & solutions Pvt Ltd 5041886496			•					
	a) International	Worker:				Yes / No			
13	b) If yes, state cou	intry of origin (In	dia/Name of o	other country)		No			
1.0	c) Passport No.					INU			
	d) Volidity of	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]							
	d) Validity of pass	a) variety or passport [(DD/MMM 1 1 1 1) to (DD/MMM 1 1 1 1)]							

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 LETT)	ERS):PARASHURAM	Į.	JKARAM	MALI	<u> </u>
	Name	Father's	s / Husband's Nar	me	Surname
2. Date of Birth :01-JA	3. Account No.	UAN-10	1691775762	Bank account no-89080 IFSC-KVGB0002004)242739
4. *Sex : MALE/FEMALE:	5.	Marital Status	MARRIED		_
6. Address Permanent / Tem	nporary: S/o Parashuram	n Mali ,274,	Mali Galli, Ka	gwad, Belgaum, Karn	ataka 5912

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
Parashuram Mal	S/o Tukaram				
	mali ,274, Mal		01-Jan-1964	100	
	Galli Kagwad				
	Belgaum				
	Karnataka				

- *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



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)