

FORM - 2

Applicant ID: 1656750

Pension Number : MH/BAN/48475/ _____

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Fund and Employees Pension Scheme (Rule 25 of the Tata Consultancy Services Employees Provident Fund Rules & Paragraph & Paragraph 18 of the Employees Pension Scheme, 1995)


1. Name(In Block Letters) : **TEJASWINI VIRUPANNA PARAPPANAVAR**
2. Father's /Husband's Name : **Virupanna Ishwarappa Parappanavar**
3. Date of Birth : **14/10/1999**
4. Male/Female : **Female**
5. Marital Status : **Single**
6. PF Account Number : **MH/BAN/48475/ _____**
7. Address:
Permanent : **541 Middle Street Kurtakoti Tq:Di:Gadag Gadag Karnataka 582205**
Temporary : **541 Middle Street Kurtakoti Tq:Di:Gadag Gadag Karnataka 582205**
8. (a)Date of joining EPF Scheme,1952 : **20/01/2022**
(b)Date of joining E.P.Scheme,1995 : **20/01/2022**

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/ nominees	Address of the Nominees	Nominee's Relationship with the member	Date of Birth	Total Amount of share of accumulations in Provident Fund to be paid to each nominee.	If the Nominee is minor, name, relationship and address of the guardian who may receive the amount during the minority of nominee
Virupanna Ishwarappa Parappanavar	541, Middle Street, Kurtakoti Tq:Di:Gadag, Gadag- 582205, Karnataka, India	Father	12-Jan-1972	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.


Signature of the subscriber/member

PART B (EPS)**(Para 18)**


Serial No	Name of the Family member	Address of the Family member	Date of Birth	Relationship with the member

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) of the Employees Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving pension.

Name of the nominee	Address of the nominee	Date of Birth	Relationship with the member
Mr. Virupanna Ishwarappa Parappanavar	541, Middle Street, Kurtakoti Tq:Di.Gadag, Gadag- 582205, Karnataka, India	12-Jan-1972	Father

Date: 05 / 01 / 2022


Signature of the subscriber/member**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination has been signed before me by Shri/ Smt./Kumari TEJASWINI VIRUPANNA PARAPPANAVAR in my establishment after he/she has read the entries have been read over to him/her by me and got confirmed by him/her.

Date:

Signature of the employer or
Other authorized Officer of the establishment

Form 9 (Revised)

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (Paragraph 34)

AND

THE EMPLOYEES' PENSION SCHEME, 1995 (Paragraph 24)

Declaration by a person taking up employment in an establishment in which the Employees' Provident Funds & Employees' Pension Scheme enforce

I, **Tejaswini Parappanavar** of Sh. **Virupanna Ishwarappa Parappanavar** do hereby solemnly declare that:

(a) I was employed with **NA**, **NA** with PF A/c Number **NA** and left service on **NA** prior to that, I was employed in **NA**, **NA** with PF A/c Number **NA** from **NA** to **NA**.

(b) I am a member of the Pension Fund from **NA** to **NA**.

(c) I have withdrawn the amount of my Provident Fund. - **NA**

(d) I have withdrawn the amount of my Pension Fund. - **NA**

(e) I have drawn any benefits under the Employees Pension Scheme, 1995 in respect of my past service in any establishment. - **NA**

(j) I have not contributed to the social security programme in **NA** from **NA** to **NA**, which has not entered into a Social Security Agreement with India.

(g) Do you have a Universal Account Number (UAN): **No**

Universal Account Number	Aadhar	NPR	PAN
NA	6979-8321-8657	NA	GKRPP2624G

(h) Bank Account Number Linked with UAN : **NA**

Bank Account Number	IFSC Code
NA	NA

Date : 05/01/2022


Signature of employee

(To be filled by the employer)

1) Shri/Smt/Kumari **Tejaswini Parappanavar** is appointed as **Assistant System Engineer-Trainee** in **Tata Consultancy Services Limited**, with effect from **20-JAN-2022** bearing Provident Fund Account Number: **MH/BAN/48475/000/**



FORM 'F'
See sub-rule (1) of
Gratuity Nomination Form

Applicant ID: 1656750

To,
TATA Consultancy Services Ltd,
9th Floor, Nirmal Building,
Nariman Point, Mumbai 400021.

1. I, **TEJASWINI VIRUPANNA PARAPPANAVAR** 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) nominated is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972. **Yes**

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

4. (a) My father is not dependent on me. **No**
(b) My mother is not dependent on me. **No**
(c) My spouse's father is not dependent on my spouse. **NA**
(d) My spouse's mother is not dependent on my spouse. **NA**

5. Nomination made herein invalidates my previous nomination.

Nominee(s)

Sr No.	Name in full with full address of nominee(s)	Relationship with the employee	Date of Birth	Proportion by which gratuity will be shared	Name, relationship and address of Guardian if nominee is minor
1	Mr. Virupanna Ishwarappa Parappanavar 541, Middle Street, Kurtakoti Tq: Di: Gadag, Gadag- 582205, Karnataka, India	Father	12/01/1972	100	

Statement

Full Name: TEJASWINI VIRUPANNA
Gender: PARAPPANAVAR
Marital Status:
Religion: Single
NA

Applicant ID: 1656750
Date of Joining: 20-Jan-2022
Department: NA

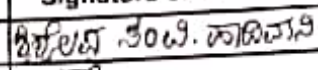
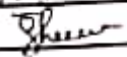
Permanent Address: 541 Middle Street Kurtakoti
Tq:Di.Gadag Gadag Karnataka
582205

Date: 05/01/2022
Place: Bangalore

Signature of Employee: 

DECLARATION BY WITNESSES

Nomination signed before me

SR No.	Name in full and full Address of Witnesses	Signature of Witnesses
1.	Shrishailappa, Hadimani kurtakoti t9idi: Gadag	
2.	Ishwar parappanavar kurtakoti t9idi: Gadag	

Date: 05/01/2022

Place: Bangalore

CERTIFICATE BY THE EMPLOYER

Certified that the particulars of the above nominations have been verified and recorded in this establishment

Office Seal

Signature of the employer/trustee

ACKNOWLEDGEMENT BY THE EMPLOYEE

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

Date: 05/01/2022

Signature of the employee: 