



My Personal Details

Insurance and Other Benefits Nomination Form

My Transactions

Vehicle Information (Declaration and Nomination Form under the Personal accident insurance, Group Life Insurance Cover Policy and for any other benefits for which employee is eligible to receive)

Investment Declaration FY 202

Update PAN,UAN,Aadhaar

Schedule

My Nominations

Deloitte Employee Giving

Voluntary Provident Fund (VPF)

Tax Saving Bills

My Reports

Year End

Image Upload

E-File My ITR

Alerts

Exit Process

PART A- Employee Details

Sl .No	Details	
1	Name	Narukonda Veerendra Nadh
2	Father's Name/Husband's Name	Purna Chandra Rao Narukonda
3	Designation	I460
4	Company's Name	Deloitte
5	Date of Joining	18-Jan-2021
6	Date of Birth	24-Nov-1999
7	Sex	Male
8	Marital Status	Unmarried
9	Address	not at located

PART B – Nominee Details*

I hereby declare that the benefits under the various scheme of the company including any dues and applicable benefits as per the company's policy, payable in respect of me, shall be paid to the said Nominee/s indicated against their respective names as given below:

Name of the nominee/ nominees and also mention the dependent children details	Nominee's relationship with member	Date of Birth	% Allocation
Kopparthi pavani valli sridevi 11/721,jagannadhapuram,machilipatnam	Others	15-Aug-1999	50
vanama chandrasekhar 11-249,Rajasekhar nagar,wyra	Grandfather	05-Aug-1957	50

* The Nominees can be your dependent parents, legally wedded spouse, children and dependent siblings (brother or sister) or any other person/persons if the employee has no family

I hereby declare that I have no family and should I acquire family hereafter the appointment of Nominee made hereunder should be deemed cancelled

Date : 14-Feb-2021

Place : HYDERABAD.

Signature of the Employee