

Composite Declaration Form -11

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employee' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employee's Pension Scheme, 1998 (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				RITIKA RANI				
2	Father's Name /				DEVENDER KUMAR				
2	Spouse's Name								
3	Date of Birth: (DD / MM / YYYY)				07/02/1999				
4	Gender: (Male/Female/Transgender)				Female				
5	Marital Status: (Married/Unmarried Widow/Widower/Divorcee))	Unmarried				
	(a) Email ID:			/	Ritika3225@gmail.com				
6	(b) Mobile No.:				9958311017				
	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)				7730311017				
7					15/01/2024				
	KYC Details: (attach self-attested copies of following KYCs)								
	(a) Bank Account No.:				610418110000060				
8	(b) IFS Code of the branch:				BKID0006104				
	(C) Addhar Number				2829 8898 8801				
	(d) Permanent Account Number (P				EHAPR6128H				
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952				Yes/No				
10	Whether earlier a member of Employees' Pension Scheme, 1995				Yes / No				
	Protons employment details: [if Y Establishment Universal I Name & Address Account	es to 9 AND / PF Account Number	OR 10 above Date of joining	Date of exit	Scherrie Certificate	PPO Number (if issued)	Non Contributory		
	Number	rumoer	(DD/MM/ YYYY)	YYYY)	No. (if issued	(II Issued)	Period (NCP) Days		
	Previous employment details: [If	Previous employment details: [If Yes to 9 AND/OR 10 Above] — For Exempted Trusts							
	Name & Address of the	UAN	Member	Date of	Date of exit	Scheme	Non		
	Trust		EPS A/c Number	joining (DD/MM/	(DD/MM/ YYYY)	Certificate No. (if	Contributory Period (NCP)		
			1 (0111001	YYYY)	1111)	issued	Days		
12									
			1	l	l	ı			
	a) International Worker:				Yes/No				
13	b) If yes, state country of origin (Inc	If yes, state country of origin (India/Name of other country)							
	d) Validity of passport [(DD/MM/Y	YYY) to (DD	/MM/YYYY]					

UNDERTAKING

- I) Certified that the particulars are true to the best of my knowledge.
- 2) 1 authorize EPFO to use my Aadhar for verification/authentication/e-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 PT. Account as I am an Aadhar verified employee in my previous PF Account.*
- 4) In use of changes in alive details, the same will be intimated to employer at the earliest.

Place Delhi Signature of Member

DECLARATION BY PRESENT EMPLOYER

A.	A. The Member Mr/Ms./MrsRitika Rani				
В.	B. In case the person was earlier not a member of EPF Scheme, 1952 and UPS, 1995:				
	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/e-sign. 				
C.	In case the person was earlier a member of EPF Scheme, 1952 and UPS1995:				
	 Please Tick the Appropriate Option:- The KYC details of the above member in the UAN database have been approved value Certificate and transfer request has been generated on portal The previous Account of the member is not Aadbar verified and hence physical transfer 				
Date	Date: Signature of	Employer with Seal of			

Establishment

^{*}Auto transfer of' previous PF account would be possible in respect of Aadhar verified employees only. Other employee's arc requested to file physical claim (Form-13) fa transfer of account from the previous establishment.