



#03.Silver Palms Building 1st Floor Victoria Layout Landmark,
Axis Bank Before Nilgiris Supermarket Bangalore,
KARNATAKA-560047.

Employee Info

State	TS	Employee ID	JTTS38
Name of Employee	Ganesh	DOB	21-10-2024
Gender	Male	Marital Status	unmarried
Wife Name		No of kids	
Children Names			
Father Name	Damodar	Mother Name	Bharathi
Contact No.	8754878778	Alternate Contact No.	0"
Family Member Contact No.		Email Id	shiva.accentel@gmail.com
Adhar No	446781384742	Adhar Photo	
PAN No.	DGKPD4097K	PAN Card Photo	
UAN No.	34543543	PF No.	34554
ESI No.	456645	DOJ	10-07-24
Qualification	B.Tech	Experience	1
Designation	Software Engineer	Photo	
Address	HYD	City	HYD
User Name	JTTS38		

Bank Details

Bank Name.	Account No.	IFSC Code	Branch of Bank
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JTechno Associates
FMS Pvt. Ltd.

BIOMETRIC DATA

Date	22-10-24
Emp. ID	JTTS38

Emp. Name		Ganesh		
Right Hand finger prints				
Thumb	Index Finger	Middle Finger	Ring Finger	Small Finger
Left Hand finger prints				
Thumb	Index Finger	Middle Finger	Ring Finger	Small Finger

Signature

Form "Q"
SEE RULE 24 (9A)

APPOINTMENT ORDER

1	NAME & ADDRESS OF THE ESTABLISHMENT	#03.Silver Palms Building 1 st Floor Victoria Layout Landmark Axis Bank Before Nilgiris Supermarket Bangalore KARNATAKA-560047
2	NAME & ADDRESS OF THE EMPLOYER	Ganesh HYD
3	NAME OF THE EMPLOYEE	Ganesh
4	HIS/HER POSTAL ADDRESS	
5	HIS/HER PERMANENT ADDRESS	
6	PARENT/SPOUSE NAME	TS
7	DATE OF BIRTH	21-10-2024
8	DATE OF HIS/HER ENTRY IN TO EMPLOYEMENT	10-07-2024
9	DESIGNATION	Software Engineer
10	NATURE OF WORK ENSTRUSTED TO HIM/HER	TS
11	HIS/HER SERIAL NUMBER IN THE REGISTER OF EMPLOYMENT	JTTS38
12	RATE OF WAGES PAYABLE TO HIM/HER	Basic + DA: Other Allowances: Total:

Place: Bangalore.

Date:

Seal of the Establishment

acknowledgement by the employee

New form no.11-Declaration form

(To be retained by the employer for future reference)

EMPLOYEE'S PROVIDENT FUND ORGANISATION

Employee's Provident Fund Scheme, 1952 (paragraph 34 & 57) &

Employee's 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	Ganesh
2	<input type="radio"/> Father Name <input type="radio"/> Spouse Name (Please select which is applicable)	Damodar
3	Date of Birth (DD/MM/YY)	21-10-2024
4	Gender: (Male/Female/Transgender)	Male
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorce)	unmarried
6	(a) Email Id:	shiva.accentel@gmail.com
	(b) Mobile no:	8754878778
7	Whether earlier a member of Employee's Provident Fund Scheme 1952	YES/NO
8	Whether earlier a member of Employee's Pension Scheme 1995	YES/NO
9(a)	Previous employment details: [If yes to 7 AND / OR 8 Above] Universal Account Number:	34543543
9(b)	Previous PF Account Number:	34554
9(c)	Date of Exit from Previous employment (DD/MM/YY):	
9(d)	Scheme Certificate No. (if issued):	
9(e)	Pension Payment Order (PPO) No. (If issued):	
10(a)	International Worker:	YES/NO
10(b)	If yes, state country of origin (India/Name of the country):	Ganesh
10(c)	Passport Number:	
10(d)	Validity of passport: (DD/MM/YY) to (DD/MM/YY):	
11(a)	KYC Details: (attach self-attested copies of following KYCs) Bank Account No. & IFSC No.	
11(b)	Aadhaar Number:	446781384742
11(c)	Permanent Account Number (PAN) If applicable:	

UNDERTAKING

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

2) I Authorized EPFO to use my aadhaar 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 P.F. account.

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

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

Date:

Place:

Signature of member

DECLARATION BY PRESENT EMPLOYER

A) The member (**Ganesh**) joined on 10-07-2024 and 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 for the member is Ganesh

Please select the appropriate options:

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

C) In case the person was earlier not a member of EPF Scheme 1952 and EPS 1995(Post allotment of UAN)
The above PF Account Number/UAN of the member as mentioned in(A) above has been tagged with his/her UAN/Previous member id as declared

Please select the appropriate options:

☒ The KYC details of the above member in the UAN database have been approved with Digital Signature Certificate and transfer

Requests has been generated on the portal.

☒ As the DSC of establishment are not registered with EPFO, the member has been informed to fill physical claims (form-13)

for transfer of funds from his previous establishment.

Date :

Signature of Employer with Seal of Establishment

FORM 2 (Revised)**NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/
EXEMPTED ESTABLISHMENT****Declaration and Nomination form under the Employees' Provident Funds and
Employees' Pension Scheme**

(Paragraphs 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and paragraphs 18 of the Employees' Pension Scheme, 1995)

1. Name (in Block letters)	GANESH
2. Father's / Husband's Name	Damodar
3. Date of Birth	21-10-2024
4. Sex	Male
5. Marital Status	unmarried
6. EPF Account Number	34554
7. Permanent Address	
8. Temporary Address	

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 Employee's Provident Fund in the event of my death :

Name of nominee/ nominees	Address	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 a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee
			21-10-2024		6

1.* Certified that i have no family as defined in no para 2(g) of the Employee's Provident Fund Scheme,1952 and should

I Acquire a family here after, the above nomination should be deemed as cancelled

2.*Certified that my father/mother is/are dependent upon me.

Signature or thumb impression of subscriber.

PART - B (EPF) (Para 18)

I hereby below particulars of the members of my family who would be eligible to receive widow/children pension in the event of my death.

S.No	Name of the family member	Address	Date of Birth	Relationship with the member
1			21-10-2024	

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**Certified that i have no family, as defined in para 2(vii) of Employee's Pension Scheme , 1995 and should I acquire a family here after 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) and (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 the member
	21-10-2024	

- 1
- 2
- 3
- 4

Date :

Signature or thumb impression of subscriber.

Place : Bangalore

**Strike out whichever is not applicable

CERTIFICATE BY EMPLOYER

Certified that above declaration and nomination has been signed/thumb impressed before me by shri/smt./kum Ganesh

employed in my establishment after he/she read the entries have been read over to him/her by me and got confirmed by him/her.

Place : Bangalore

**Signature of the employer or other
Authorized officers of the Establishment.**

Designation

Dated :

**Name & Address of the factory/
Establishment or Rubber Stamp**

DECLARATION FORM

To be filled by employee after reading instruction overleaf. Two Postcard Size photographs to be attached with the form. This form is free of cost.

(A) INSURED PERSON'S PARTICULARS

1. Insurance No.					
2. Name in block letters					
3. Father's/Husband's Name					
4. Date of Birth	Day	Month	Year	5. Marital Status	M/U/W
7. Present Address			8. Permanent Address		
Pin Code [][][][][][]			Pin Code [][][][][][]		
Branch Office			Dispensary		

(B) EMPLOYER'S PARTICULARS

9. Employer's Code No.			
10. Date of Appointment	Day	Month	Year
11. Name & Address of the Employer			
12. In case of any previous employment please fill up the details as under.			
(a) Previous Ins. No.			
(b) Employer's code No			
(c) Name & Address of the Employer			
e-mail address			

(C) Details of Nominee u/s 71 of ESI Act 1948/Rule-56(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the event of death.

Name	Relationship	Address

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the corporation any changes in the membership of my family within 15 days of such change.

Counter signature by the employer

Signature /T.I
of IP.

Signature of the seal

(D) Family Particulars of Insured person

Sl. No	Name	Date of Birth/Age as on date of filling form	Relationship with the Employee	Wheather resideing with him/her		If 'No' state place of Residence	
				Yes	No	Town	State

ESI Corporation Temporary Identity Card

(Valid for 3 month from the date of appointment)

Name		
Ins. No.		Date of Appointment
Branch Office		Dispensary
Employer's Code No. & Address		
JTechno Associates #177/2, 1st Cross, J.J Church Road, Ejipura, Bangalore-5600		53000163390000607

(Space for photograph)

Validity

Dated

Signature/T.I. of I.P.

Signature of B.M. with seal