MORAL GROUP OF COMPANIES

Employee DETAILS

Name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Photo

Father’s name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . .

. . . . . . . . . . .

Mother’s name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Marital status . . . . . . . . . . . . . . Date of birth . . . . . . . . . . . . . . . . . . . . . . . . . .

Husband’s/Wife name . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Citizenship . . . . . . . . . . . . . . . . . . . Religion: . . . . . . . . . . . . . . . . . . . . . . . . . .

Cast: . . . . . . . . . . . . . . . . . . Category (General/OBC/SC/ST). . . . . . . . . . . . . .

Present postal address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Pin code . . . . . . .

Email id . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Blood Group . . .

Mobile no. . . . . . . . . . . . . . . . . . . . . Father’s Mobile no. . . . . . . . . . . . . . . . . .

Permanent Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Pin Code . . . . . . . . .

**Educational qualification:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.  no. | Exam  Passed | Board/University | Year | Main  Subject | % | Remarks |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

**Nominee/Family Member Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Nominee | Relation with  Employee | Date of Birth | Mobile Number |
|  |  |  |  |
| Name of Family Member | Relation with  Employee | Date of Birth | Mobile Number |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**Work Experience:**

1. Previous Employment : Name of company . . . . . . . . . . . . . . . . . . . . . . . . . . .

Designation . . . . . . . . . . . . . . . . . . . . . . .worked from . . . . . . . . . to . . . . . . . .

Last Salary Drawn . . . . . . . . . . . . . Reason for Leaving . . . . . . . . . . . . . . . . . .

HR Department’s Contact no. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

HR Department’s email id . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

PF Account no. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

UAN no. . . . . . . . . . . . . . . . . . . . . . . . ESIC Insurance no. . . . . . . . . . . . . . . . .

1. Previous Employment: Name of the Organization . . . . . . . . . . . . . . . . . . . . .

Designation . . . . . . . . . . . . . . . . . . . . . . .worked from . . . . . . . . . to . . . . . . . .

Last Salary Drawn . . . . . . . . . . . . . Reason for Leaving . . . . . . . . . . . . . . . . . .

HR Department’s Contact no. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

HR Department’s email id . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

1. Total Experience: . . . . . . . . . . . . .

**Bank Details:**

Name of Bank . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .IFSC Code . . . . . . . . . . .

Account no. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . MICR Code . . . . . . . . . .

Branch Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Aadhar Card no. . . . . . . . . . . . . . . . . . . Pan no. . . . . . . . . . . . . . . . . . . . . . . .

**Personal References (Relatives):**

1. Name of the Person . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Pin code . . . . . . .

Relation with Employee . . . . . . . . . . . . . . . Contact no. . . . . . . . . . . . . . . . . . .

1. Name of the person . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Pin code . . . . . . .

Relation with Employee . . . . . . . . . . . . . . . Contact no. . . . . . . . . . . . . . . . . . .

**All above details are compulsory at the time of joining.**

**Declaration:**

I hereby declare that the above given information is true be my knowledge & belief in case of any information found to be incorrect, company may initiate action against me as per the service rule.

Signature of the Candidate Verification by HR Department

Joining Date: . . . . . . . . . . . . . . . . Salary: . . . . . . . . . . . Employee code . . . . . . . .

Designation: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Department: . . . . . . . . . . . . . . . . . . . . . . . . . . . . Location: . . . . . . . . . . . . . . . . . . . . .

**सं wाम� नौकरीके �नयम/शत�**

1. नौकरीके दौरानआपिकसीअwनौकरीम� नहीं रह�गे ।

2. अपने प्र�तिदनके कायर् कTजानकारीअपने वfर�अ�धकारीकोद�गे ।

3. िकसीभीिदनिकसीभीकारणवश, �बनाअपने वfर�अ�धकारीऔर HR Department कTजानकारी के आपअवकाशनहीं ले सकते ।

4. क�नीम� 3 माहतकआपकोिकसीभीप्रकारकTCasual Leave काभुगताननहीं प्राwहोगा।

5. क�नीआपकोआपके वेतनकाभुगतानकै श, चेक, ऑनलाइनकै शट�ांसफरके मा�मसे करसकतीहै ।

6. आपके वेतनसे समwलीगलअंशदानकाटकरआपकोवेतनिदयाजायेगा।

7. आपक�नीकTगोपनीयजानकारीकोपूरीतरहगोपनीयरख�गे ।

8. आपक�नीसे प्राwसं प�uजैसे लैपटॉप, मोबाइलआिदकाउपयोगक�नीके कायर् प्रग�तम� हीलाय�गे ।

9. यिदभ�व�म� आपक�नीकोwागपत्रदेते ह� तोक�नीकTसमwसं प�uके साथअपना Identity Card एवं Visiting Card क�नीम� वापसजमाकर�गे ।

10. यिदआपwागपत्रदेते ह� तोआपकोइसकTसूचनाअपने वfर�अ�धकारीके मा�मसे क�नीके HR Department कोदेनीहोगीएवमwागपत्रदेने के 15 से 30 िदनके बादहीआपकोक�नीछोड़ने कT इजाजतहोगी, ऐसानकरने पे क�नीआपके वेतनएवम् इंस�िटवदेने के �लएबा�नहीं होगी।

म� . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

पुत्र/पुत्री/पuीश्री. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

�नवासी. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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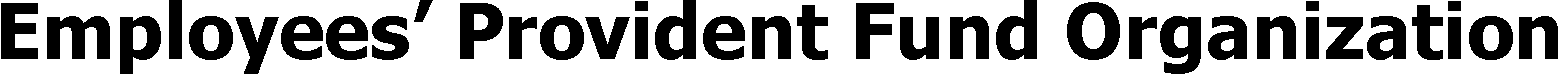
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उपरोæ�लखे सभी�बंदुओं कोपूणर् vपसे समझकरइसनतीजे परप�ंचा�ँ िकम� कं पनीके सभी�नयमों कापालन पूरी�न�ाएवम् ईमानदारीके साथकvँ गा/ कvँ गीएवम् क�नीकोिकसीभीप्रकारकT�शकायतकामौकानहीं दूंगा

/दूंगी।

हwाąर िदनांक. . . . . . . . . . . . . . . . . . . . . . . .

Form No. 11 (New)



Declaration Form

(To be retained by the Employer for future reference)

THE EMPLOYEES PROVIDENT FUNDS SCHEME, **1952** (PARAGRAPH-**34** & **57)**

&

THE EMPLOYEES PENSION SCHEME, **1995** (PARAGRAPH-**24)**

Declaration by a person taking up employment in an establishment on which Employees Provident Fund Scheme,

**1952** AND/OR EMPLOYEES PENSION SCHEME, **1995** IS APPLICABLE. (PLEASE GO THROUGH THE INSTRUCTIONS)

1. NAME (TITLE)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |
| --- | --- | --- |
| MR. | MS. | Mrs. |

(Please Tick)

1. DATE OF BIRTH

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

1. FATHER S/ HUSBAND S NAME

MR.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. RELATIONSHIP IN RESPECT OF (3) ABOVE

|  |  |
| --- | --- |
| Father | Husband |
|  |  |

(Please Tick)

1. GENDER

|  |  |  |
| --- | --- | --- |
| Male | Female | Transgender |
|  |  |  |

(Please Tick)

1. MOBILE NUMBER (IF ANY)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

1. EMAIL ID (IF ANY)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. WHETHER EARLIER A MEMBER OF THE EMPLOYEES PROVIDENT FUND SCHEME, 1952?

(Please Tick)

NO

YES

1. WHETHER EARLIER A MEMBER OF THE EMPLOYEES PENSION SCHEME, 1995? (PLEASE TICK)

NO

YES

IF RESPONSE TO ANY OR BOTH OF **( 8)** & **( 9 )** ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (**10** ,**11 & 12** ):

Page **1** of **3**

A. Previous Employment Details

1. THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

UAN

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

OR

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Region Code | Office Code | Establishment ID | Extension | Account Number |
|  |  |  |  |  |

Previous PF Member ID

1

1) DATE OF EXIT FOR PREVIOUS

MEMBER ID (DD/MM/YYYY)

2) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER:

(b) If pension payment order (PPO) issued for previous employment, then PPO number:

3) INTERNATIONAL WORKER (PLEASE TICK)

IF THE REPLY TO **( 13 )** ABOVE IS YES, THEN ENTER THE DETAILS IN **13 (** A), **13 (** B) & **13 (** C):

13(A) COUNTRY OF ORIGIN (Please Tick)

13(b) Passport number

13(c) Passport valid from

To

14) EDUCATIONAL QUALIFICATION

(Please tick)

15) MARITAL STATUS (PLEASE TICK)

16) SPECIALLY ABLED

B. Other Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

1

1

|  |  |
| --- | --- |
| India | other than india (If yes, please mention name of the country) |
|  |  |

(Please Tick)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Illiterate | Non- Matric | Matric | Senior Secondary | Graduate | Post Graduate | Doctor | Technical/ Professional |
|  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Married | Unmarried | Widow/ Widower | Divorcee |
|  |  |  |  |

|  |  |
| --- | --- |
| Yes | No |
|  |  |

|  |  |
| --- | --- |
| Yes | No |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| If Yes, Tick the Category | | |
| Locomotive | Visual | Hearing |
|  |  |  |

Page **2** of **3**

* 1. KYC DETAILS



|  |  |  |  |
| --- | --- | --- | --- |
| KYC Document Type | Name as on KYC Document | Number | Remarks, if any |
| Bank Account-1\* |  |  | IFSC CODE\* |
| NPR/Aadhaar |  |  |  |
| Permanent Account Number (PAN) |  |  |  |
| Passport |  |  | Expiry Date |
| Driving Licence |  |  | Expiry Date |
| Election Card |  |  |  |
| Ration Card |  |  |  |
| ESIC CARD |  |  |  |
| \* Mandatory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCS TO  AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM. | | | |

C. Undertaking:

* + 1. I certify that all the information given above is true to the best of my knowledge and belief.
    2. IN CASE, EARLIER A MEMBER OF EPF SCHEME, **1952** AND/OR EPS, **1995** ,

(i) I have ensured the correctness of my UAN/ previous PF member id.

(ii) This may also be treated as my request for transfer of funds and service details if applicable from the previous account as declared above to the present P.F. Account. (The transfer would be possible only if the identified KYC details approved by previous employer has been verified by present employer using his Digital Signature Certificate).

(III) I am aware that I can submit My nomination form through UAN based member portal.

Date:

place: Signature of Member

Declaration by Present Employer

1. The member has joined on and has been allotted PF member id
2. 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

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

1. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:

The above member id of the member as mentioned in (A) above has been tagged with his/her UAN/Previous Member ID as declared by member.

Please Tick the Appropriate Option:-

The KYC details of the above member in the UAN database have been approved with Digital Signature Certificate and transfer request has been generated on portal.

As the DSC of establishment are not registered with EPFO, the member has been informed to file physical claim (Form-13) for transfer of funds from his previous establishment.

Date: Signature of Employer with Seal of Establishment

Page **3** of **3**

