



Composite Declaration Form - 11
(To be retained by the employer for future reference)
EMPLOYEES' PROVIDENT FUND ORGANISATION
Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employees' 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	Ahamad Rasul Shaikh						
2	Fathers' Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/>	Rasul Ahamad Shaikh Paimunbi Rasul Shaikh						
3	Date of Birth: (DD/MM/YYYY)	04/02/2000						
4	Gender: (Male/Female/Transgender)	Male						
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	Unmarried						
6	(a) Email ID : (b) Mobile No. :	shaikhahamadrashul786@gmail.com 9561638593						
7	Present employment details: Date of Joining in the current establishment (DD/MM/YYYY)	13/05/2000						
8	KYC Details: (attach self attested copies of following KYCs)							
	a) Bank Account No.:	35178659904						
	b) IFSC Code of the branch:	SBIN0016175						
	c) AADHAR Number	741743219798						
	d) Permanent Account Number (PAN), if available	KRRPS2923A						
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952	No						
10	Whether earlier a member of Employees' Pension Scheme, 1995	No						
11	Previous employment details: (if Yes to 9 AND/OR 10 above) – Un-exempted							
	Establishment Name & Address	Universal Account Number	PF Account Number	Date of Joining (DD/MM/YYYY)	Date of exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	PPO Number (if issued)	Non Contributory Period (NCP) Days
12	Previous employment details: (if Yes to 9 AND/OR 10 above) – Exempted Trusts							
	Name & Address of the Trust	UAN	Member EPS A/c Number	Date of Joining (DD/MM/YYYY)	Date of exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	Non Contributory Period (NCP) Days	
	NA							
13	a) International Worker:					No		
	b) If yes, state country of origin (India/Name of other country)							
	c) Passport No.							
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]							

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I 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 P.F. Account as I am an Aadhar verified employee in my previous PF Account.*
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: 17/05/2000

Place: Juinagar, Navi Mumbai, 400706

Signature of Member

DECLARATION BY PRESENT EMPLOYER

A. The member Mr/Ms/MrsAhamad Rasul Shaikh..... has joined on and has been allotted PF No.and UAN.....

B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 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 EPS, 1995:

- **Please Tick the Appropriate Option:-**

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

☐ The previous Account of the member is not Aadhar verified and hence physical transfer form shall be initiated.

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 employees are requested to file physical claim (Form-13) for transfer of account from the previous establishment.