



**Composite Declaration Form-11**  
*( To be retained by the employer for future reference)*  
**EMPLOYEE'S PROVIDENT FUND ORGANISATION**  
**Employee's provident Funds 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	Bhumeshwar Premdas Lale																
2.	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/>	Premdas Hariram Lale																
3.	Date of Birth : <b>(DD/MM/YYYY)</b>	25/10/1990																
4.	Gender : (Male/Female/Transgender)	Male																
5.	Marital Status : (Married/Unmarried/Widow/Widower/Divorcee)	Married																
6.	(a) Email ID :	tech.bhumeshwar@gmail.com																
	(b) Mobile No :	7588789766																
7.	<b>Present employment details:</b> Date of Joining in the current establishment(DD/MM/YYYY)	11/08/2022																
8.	<b>KYC Details:</b> (attach self attested copies of following KYCs)																	
	a) Bank Account No:																	
	b) IFSC Code of the branch:																	
	c) AADHAR Number	293529406488																
	d) Permanent Account Number(PAN),If available																	
9.	Whether earlier a member of Employee's Provident Fund Scheme, 1952	Yes																
10.	Whether earlier a member of Employee's Pension Scheme, 1995	No																
11.	<b>Previous employment details : [if Yes to 9 AND/OR 10 Above]-Un-exempted</b>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Establishment Name &amp; Address</th> <th style="width: 15%;">Universal Account Number</th> <th style="width: 15%;">PF Account Number</th> <th style="width: 15%;">Date of Joining (DD/MM/YYYY)</th> <th style="width: 15%;">Date of Exit (DD/MM/YYYY)</th> <th style="width: 15%;">Scheme Certificate No.(if issued)</th> <th style="width: 15%;">PPO Number (if issued)</th> <th style="width: 15%;">Non Contributory Period (NCP)days</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	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									
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MAHARASHTRA - INDIA - 400022						
Maharashtra						

13.

a) International Worker	No
b) If Yes,state country of orgin (India/Name of other Country)	
c) Passport No.	P2461138
d) Validity of Passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	14/02/2017 to 13/08/2022

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

Date :

Place :Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr./Ms./Mrs. .... 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