

Form No.11 (New) Declaration Form

(To be retained by the Employer for future reference)

Employees' Provident Fund Organization

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)

MR.	MS.	MRS.
-----	----------------	------

(PLEASE TICK)

[illegible]

2) DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
0	8	0	8	1	9	9	9

3) FATHER'S /HUSBAND'S
NAME

[illegible]

4) RELATIONSHIP IN RESPECT OF (3) ABOVE
(PLEASE TICK)

FATHER	HUSBAND
✓	

5) GENDER
(PLEASE TICK)

MALE	FEMALE	TRANSGENDER
✓		

6) MOBILE NUMBER
(IF ANY)

9	9	7	1	2	2	9	2	2	7
---	---	---	---	---	---	---	---	---	---

7) EMAIL ID(IF ANY)

h	a	r	i	P	r	a	s	h	n	n	g		
@	j	m	a	i	l	.	c	o	m				

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?

(PLEASE TICK)

PROVIDENT FUND SCHEME, 1952:	
YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?

(PLEASE TICK)

YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
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IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILLUP THE PREVIOUS EMPLOYMENT DETAILS AT (10, 11 & 12):

A. PREVIOUS EMPLOYMENT DETAILS

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

UAN

1	0	1	7	3	5	5	4	5	2	4	4
---	---	---	---	---	---	---	---	---	---	---	---

OR

PREVIOUS PF MEMBER ID

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER

11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
3	0	0	9	2	0	2	3

12) (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: _____

B. OTHER DETAILS

13) INTERNATIONAL WORKER (PLEASE TICK)

YES	NO <input checked="" type="checkbox"/>
-----	--

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)

INDIA <input checked="" type="checkbox"/>	OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)
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13(B) PASSPORT NUMBER

U7891331

13(C) PASSPORT VALID FROM

D	D	M	M	Y	Y	Y	Y
2	1	0	8	2	0	2	0

To

D	D	M	M	Y	Y	Y	Y
2	0	0	8	2	0	3	0

14) EDUCATIONAL QUALIFICATION (PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/PROFESSIONAL
				<input checked="" type="checkbox"/>			

15) MARITAL STATUS (PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/WIDOWER	DIVORCEE
	<input checked="" type="checkbox"/>		

16) SPECIALLY ABLED (PLEASE TICK)

YES	NO
	<input checked="" type="checkbox"/>

IF YES, TICK THE CATEGORY

LOCOMOTIVE	VISUAL	HEARING

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*	R HARI PRASHNNA	50100446328877	HDFC 0004113
NPR/AADHAAR	R. HARI PRASHNNA	5115 4213 2965	-
PERMANENT ACCOUNT NUMBER (PAN)	RASENDRA N HARI PRASHNNA	ELPPP1556L	
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 HOW EVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCS TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTO COPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.**

C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B. 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: 1/10/23
PLACE: Chennai


SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER Mr./Ms./Mrs. HAS JOINED ON AND HAS BEEN ALLOTTED PF MEMBER ID
- 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
 - PLEASE TICK THE APPROPRIATE OPTION:
THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATA BASE
☐ HAVE NOT BEEN UPLOADED
☐ HAVE BEEN UPLOADED BUT NOT APPROVED
☐ HAVE BEEN UPLOADED AND APPROVED WITH DSC
- C. 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 DATA BASE 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

FORM 2 (Revised)

NOMINATION AND DECLARATION FORM

(For Unexempted / Exempted Establishments)

Declaration and Nomination Form under the Employees Provident funds & Employees pension Scheme (Paragraph 33 and 61 (1) of the Employees provident Fund Scheme, 1952 & Paragraph 18 of the Employees Pension Scheme, 1995).

- Name : R. HARI PRASHNNA
(In block letters)
- S/o, W/o, D/o Name P. RAJENDRAN
- Date of Birth : 08/08/1999
- Sex : MALE
- Date of Joining : 22/02/2021
- Marital Status : UNMARRIED
- Account No : 20100448223833
- (a) Address Permanent : 2 PHASE PRASHNNA S/O P. RAJENDRAN 126/22
CHAVAMPATTI V. SALEM D/ TAMIL NADU - 501
- (b) Address Temporary : 16B PHU AVENUE 2AMIN RAVALPATTI
CHENNAI TAMIL NADU - 602

PART A (EPF)

I hereby nominated 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 Employees' provident Fund, in the event of my Death :

Name of the Nominee / Nominees	Address	Nominees relationship with the member	Date of Birth	Total Amount of share of Accumulations in PF 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
1	2	3	4	5	6
RAJENDRAN P	126/22 CHAVAMPATTI SALEM TAMIL NADU - 636501	Partner	08/08/1999	100%	

- * Certified that I have no family as defined in para 2 (g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.
- * Certified that my father / mother is / are dependent upon me.

1/10/23

* Strike out whichever is not applicable

Signature or thumb impression of the subscriber

Part B (EFS) (para 18)

I hereby furnish 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 and Address of the family member		Date of Birth	Relationship with member
	Name	Address		
1	2	3	4	5
1				
2				
3				
4				
5				

"I Certified that I have no family as defined in para 2(vii) of Employees' Pension Scheme, 1985 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.
I hereby nominate the following person for receiving the monthly widow pension (admissible under para 18 2(a) (i) & (i) in event of my death without leaving any eligible family member for receiving pension.

S. No.	Name & address of the nominee	Date of Birth	Relationship with the member
1.	P. R. SENARAN / 06/22 C. 04/10/24	16/05/24	Partner
2.	Satou Tamil Nade Sol		
3.			
4.			
5.			
6.			

Date 1/10/23

*Strike out whichever is not applicable

Signature or Thumb Impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum. employed in my establishment after he/she has read the entries/entires have been read over to him/her by me and got confirmed by him/her.

Signature of the employer or other
Authorized officer of the establishment:

Place

Designation

Dated

Name and address of the Factory
Establishment or rubber stamp there of:

FORM 'F'

[See sub-rule (1) of rule 6]

Nomination

To FISERV INDIA PRIVATE LTD.

[Give here name or description of the establishment with full address]

I. Shri/Shrimati/Kumari R. HARI PRASHNNA whose particulars are given in the statement below,
[Name in full here]

hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.

4.

(a) My father/mother/parents is/are not dependent on me.

(b) my husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the to the Controlling Authority in terms of the proviso to clause (h) of section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1. <u>P. RAJENDRAN</u>	<u>FATHER</u>	<u>1004 59</u>	<u>100%.</u>
2.			
3.			
so on.			

Statement

1. Name of employee in full. R. HARI PRASHNNA
2. Sex. male
3. Religion. HINDU
4. Whether unmarried/married/widow/widower. UNMARRIED
5. Department/Branch/Section where employed. FISERV Chennai
6. Post held with Ticket or Serial No., if any. Sr. Associate
7. Date of appointment. 01/10/23
8. Permanent address. 126/22 ELLAVAMPATTI P/O SALME Dt
TAMIL NADU - 636501

Village ELLAYAMPATTI Thana Sub-division Post Office ELLAYAMPATTI
District SALEM State TAMIL NADU
Place Chennai
Date 11/10/23
Signature/Thumb impression
of the employee

Declaration by witnesses

Nomination signed/thumb impressed before me.

Name in full and full
address of witnesses.

Signature of witnesses.

1. SRIVATSA . S
2. V. Balaji - gathrolan

1. S. Sri Vatsa
2. V. Balaji - gathrolan

Place CITRANNA

Date 01.10.2023

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Signature of the employer/
officer authorised

Designation

Date

Name and address of the
establishment or rubber stamp
thereof.

Acknowledgement by the employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date 01/10/23

Signature of the employee

[Signature]



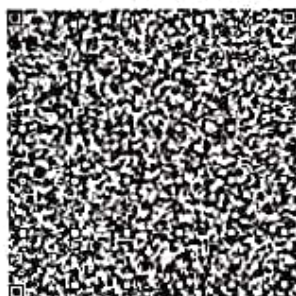
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00115/72620

To
ஆர் ஹரி ப்ரஸ்னா
R.Hari Prashnna
RAJENDRAN
126/22
ELLAVAMPATTI
KATTULALAVU
Elavampatti
Salem Tamil Nadu - 636501
9971229227

Signature Not Verified



आपका आधार क्रमांक / Your Aadhaar No. :

5115 4213 2965

VID : 9128 2633 1963 4493

मेरा आधार, मेरी पहचान



आर हरी प्रश्न्ना
R.Hari Prashnna
जन्म तिथि/DOB: 08/08/1999
पुरुष/ MALE

5115 4213 2965

VTD : 9128 2633 1963 4493

मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

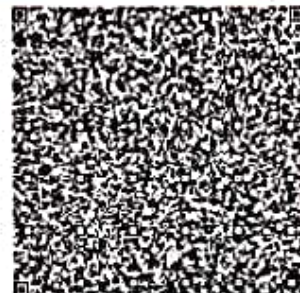
- **Aadhaar** is valid throughout the country.
- **Aadhaar** helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in **Aadhaar**.
- Carry Aadhaar in your smart phone – use **mAadhaar** App.



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
राजेंद्रन, १२६/२२, एल्लामपट्टी, कट्ट्याल्लु,
एल्लामपट्टी, सालम,
तमिल नाडु - ६३६५०१

Address:
RAJENDRAN, 126/22, ELLAVAMPATTI,
KATTUVALAVU, Elavampatti, Salem,
Tamil Nadu - 636501



5115 4213 2965

VTD : 9128 2633 1963 4493

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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ELFPP1556L

नाम/ Name

RAJENDRAN HARI PRASHNNA

पिता का नाम/ Father's Name

PERIYAPAIAN RAJENDRAN

जन्म की तारीख/ Date of Birth

08/08/1999

Rajendran
हस्ताक्षर/ Signature



02042018



HDFC BANK LTD., A-267,
DEFENCE COLONY, NEW DELHI-110049, DELHI
RTGS / NEFT IFSC : HDFC0004113

29 08 2021

D D M M Y Y Y Y

Valid for 3 months only

Pay

Rupees रुपये

Or Bearer

या धारक को

अदा करें

₹

A/c. No.

50100446328877

Brn: 4113 Pdt:161
SB A/C

(New Account)

Payable at par through clearing/transfer at all branches of HDFC BANK LTD

[Signature]
Please sign above / कृपया यहाँ हस्ताक्षर करें

⑈000001⑈ 110240437⑈ 005032⑈ 31