



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	JAGILETI HARIHARANANDANAGOUD						
2	Fathers' Name/ Spouse's Name Relationship	J CHANDRA MOHAN GOUD Father						
3	Date of Birth : (DD/MM/YYYY)	1990-07-03						
4	Gender: (Male /Female/ Transgender)	MALE						
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	SINGLE						
6	(a) Email ID: (b) Mobile No. :	hariharan.jagileti@gmail.com 8500019158						
7	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)	27/07/2022						
8	KYC Details: (attach self-attested copies of following KYCS)							
	a) Bank Account No. :							
	b) IFS Code of the branch:							
	c) AADHAR Number:	723311359905						
	d) Permanent Account Number (PAN), if available	BFVPG4187B						
9	Whether earlier a member of Employees Provident fund Scheme, 1952							
10	Whether earlier a member of Employees' Pension Scheme, 1995							
11	Previous employment details: (if Yes to 9 AND/OR 10 above I - Un-exempted)							
	Establishment Name and 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)	NCP Days
		101138844 255						0
12	Previous employment details: (if Yes to 9 AND/OR 10 above) - For 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	
		101138844 255						
13	a) International Worker:							
	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)	to

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

Date: **27/07/2022**



Place: **Pattikonda**

Signature of member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr./Ms./Mrs **JAGILETI HARIHARANANDANA GOUD**
has joined on **27/07/2022** 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 **101138844255**
 - **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

- C. In case the person was earlier a member of EPF scheme, 1952 and EPS, 1995:
- 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 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 o funds from his previous establishment.



Date: **27/07/2022**

Signature of Employer with seal
of Establishment