

New Form No. 11 (New)
Declaration Form
(To be retained by the Employer for future reference)

EMPLOYEE'S PROVIDENT FUND ORGANISATION

The Employee's provident funds Scheme, 1952 (paragraph-34 & 57) &

The 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 men	nber						MR. ✔ MS. MRS. Juwalapati Rajesh		
2	✓ Father's Name	!	Spouse's name	e				Ramanaiah		
	(Please tick which	hever i	s applicable)							
3	Date of Birth: (DI	D/MM/N	YYYY)					15/07/1990		
4	Gender: (Male/Fe	emale/	Transgender)					✓ Male Female Transgender		
5	Marital Status (M	Married	/unmarried/Wic	dow/Widower/Divo	orcee)			Married ✓unmarried Widow/Widower Divorcee		
6	(a) Emailid:							jurajesh72@gma il.com		
	(b) Mobile No:							7219123683		
_	Present Employment Details:									
7	Date of joining in the current establishment (DD/MM/YYYY)							09/01/2019		
8	KYC Details:(attach self attested copies of following KYCs)									
	a)Bank Account No. & IFS Code							Name :Juwalapati Rajesh Number: 5659075709 IFSC: CITI0000005		
	b)NPR/AADHAAR							Name : Juvvalapati Rajesh Number :632807148527 		
								Remarks:		
	c)Permanent Account number(PAN),(if available)							Name:Juwalapati Rajesh Number: AYLPJ7811K Remarks:		
9					✓ Yes No					
10	0 Whether earlier a Member of the Employee's Pension Scheme, 1995?					✓ Yes No				
11	Previous Employment Details: [If yes to 9 AND/OR 10 Above]-Un-exempted a)Universal Account Number							100464190434		
	<u> </u>	b) Previous PF Account Number:								
	Regio		Office Code	Establishment	Extension	Account	Date of joining	Non Contributory		

Region Code	Office Code	Establishment ID	Extension	Account Number	Date of joining (DD/MM/YYYY)	Non Contributory Period (NCP Days)

	c) Date	c) Date of exit from Previous Employment:(DD/MM/YYYY)							07/01/2019	
	d) Scheme Certificate No.(if issued)									
	e)Pens	e)Pension payment Order(PPO) No.(if issued)								
	Name Address							Rajesh Juvvalapati		
								Pune		
	Previous Employment Details:[If yes to 9 AND/OR 10 Above]-For Exempted Trusts									
12		Region Code	Office Code	Establishment ID	Extension	Account Number	Date of joining (DD/MM/YY		Non Contributory Period (NCP Days)	
		PU	PUN	0003164	EXM	0202104	11/07/2016			
13	a) Interr	International Worker						Yes ✔ No		
	b)If yes, State Country of Origin (India/Name of other Country)					India: Name of other Country:				
	c)Pass	Passport No: Validity of Passport[(DD/MM/YYYY)to(DD/MM/YYYY)]								
	d)Valid							1 1		

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/eKYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared about to 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: 09/01/2019 Place: Pune

The document is digitally certified/signed by Rajesh Juvvalapati on Nov 23 2018 07:59 (GMT) hence doesn't require physical signature and is effective from Jan 9 2019(DOJ)
Signature of the member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr./Ms./Mrs.Juvvalapati Rajesh...... has joined on09/01/2019...... and has been alloted PF Number
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:
 - o (Post allotment of UAN) The UAN alloted for the member is
 - o 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
- C. In case the person was earlier a member of EPF Scheme ,1952 and EPS,1995:
 - the above PF number of the member as mentioned in (A) above has been tagged with his/her UAN /previous member id as declared by member
 - o Please tick the appropriate option:-
 - 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.

o Date: 09/01/2019.



H. One

Signature of Employer with seal of establishment

Designation: <u>Associate</u> <u>Director - HR</u>

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