

Joint Declaration By the Member and The Employer

Date: 19/6/2023

UAN no: 100797927357

Member ID: KDMAL23807040000010022

To

The Regional P F Commissioner

Employees Provident Fund Organisation,
(Ministry of Labour & Employment, Govt of India),
Sub Regional Office,
Bhavishya Nidhi Bhavan,
(Provident Fund Building)
Plot No.222, Sector No.3,
Charkop Market, Charkop Poisar Road,
Kandivali(W), Mumbai, Maharashtra - 400067

Sub: Joint declaration by the member and the employer

Dear Sir,

I, Nikhil Surendrakumar Dayma was an employee of

Lenden Club Techserve Private Limited(KDMAL2380704000) furnishing below herewith correct details

with aforesaid establishment :-

Particulars	Correct	Wrong
Name		
Father/ Husband Name		
PF / EPS Account No.		
Date of Birth (DD/MM/YYYY)		
Date of joining (DD/MM/YYYY)		
Date of leaving (DD/MM/YYYY)	23/02/2022	28/02/2022

I am also enclosing herewith self attested copy of ID proof (Any one - PAN card/ Voters' Identity Card/ Passport/ Driving License/ Aadhar Card) for your ready reference.

Therefore, you are requested to make necessary changes in your records (if required) under intimation to me. An early action in this regard will be highly appreciated.

Yours Faithfully

Name & Signature of Applicant : NIKHIL SURENDRAKUMAR DAYMA *Nikhil*

Name of Authorized Signatory : Bhavin Patel.

Signature With Establishment Seal

Encl.: As Above



FORM - 5 (P.S.)

THE EMPLOYEES PENSION SCHEME, 1995 (PARA 20 (2))
THE EMPLOYEES PROVIDENT FUND SCHEME, 1952 PARA 36[2] (a) & (b)
RETURN OF ADDITIONS FOR THE MONTH
Part 'A' Details of employee's qualifying for membership of the fund for the first time

NAME AND ADDRESS OF THE ESTT.	CODE NO OF THE FACTORY ESTT.
Lendabhai	

S.NO.	A/C NO.	NAME OF THE EMPLOYEE [IN BLOCK LETTERS]	FATHER'S NAME / HUSBAND'S NAME	AGE	SEX	Date of eligibility for new member / date of joining the Estt in case of member	Total period of previous service [excluding period of breaks as on the date of joining the fund]	Remarks
1	2	3	4	5	6	7	8	9
1								

DATE:

Signature of the employer or other authorised officer and stamp of the estt.

FORM: 10

THE EMPLOYEES PENSION SCHEME, 1995 (PARA 20 (2))
THE EMPLOYEES PROVIDENT FUND SCHEME, 1952 PARA 36[2] (a) & (b)

NAME AND ADDRESS OF THE ESTT.	CODE NO OF THE FACTORY ESTT.
LENDEN CLUB TEACHERS PRIVATE LIMITED 201, Spectra Apt No.1, Madhivala colony No.1, Madhivala Mumbai, Maharashtra	KDMAL 2380704000

S.NO.	A/C NO.	NAME OF THE EMPLOYEE [IN BLOCK LETTERS]	FATHER'S NAME / HUSBAND'S NAME	DATE OF LEAVING	REASON FOR LEAVING SERVICE	REMARKS
1	2	3	4	5	6	7
1		NIKHIL SURENDRAKUMAR DAYMA	SURENDRAKUMAR DAYMA	23/02/2022		

DATE:

NOTE: Please state whether the member is (a) retiring according to para 69(1)(a) or (b) of the scheme (b) leaving India for permanent settlement abroad (c) retrenchment (d) permanent & total disablement due to employment injury (e) discharged (f) resigning from or leaving service (g) taking up employment somewhere (h) death (i) attained age of 58 years

Signature of the employer or other authorised officer and stamp of the estt.



Certified that the member mentioned at S. No. ___ Mr. / Mrs/ Miss ___ was not paid / paid retrenchment compensation of Rs. ___ under Ind. Dispute Act 1947

SIGNATURE OF THE EMPLOYER