



Composite Declaration Form -11
(To be retained by the employer for future reference)
EMPLOYEES' PROVIDENT FUND ORGANIZATION
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	Pratik Rajendra Valvi																		
2	Father's Name Spouse's Name (Please tick whichever is applicable)	Rajendra Pratap Valvi																		
3	Date of Birth:(dd/mm/yyyy)	23/05/1994																		
4	Gender (Male/Female/Transgender):	Male																		
5	Marital Status: (Single/Unmarried/Married/Divorced/Widowed/DeFacto/Common-Law/Separated)	Married																		
6	(a) Email ID : (b) Mobile No :	pratikvalvi2305@gmail.com 8862007111																		
7	Present employment details: Date of joining in the current establishment (dd/mm/yyyy)	28 Sept 2023																		
8	KYC Details: (attached self attested copies of following KYCs)																			
	a) Bank Account Number:	445 2021 2000 5984																		
	b) IFS Code of the branch:	UBIN0544523																		
	c) AADHAR Number	4051 2425 5510																		
	d) Permanent Account Number(PAN), if applicable	BJOPV2262H																		
9	Whether earlier a member of Employees' Provident Fund Scheme,1952?	No																		
10	Whether earlier a member of Employees' Pension scheme,1995?	No																		
11	Previous employment details:																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Universal Account Number</th> <th style="width: 15%;">PF Account Number</th> <th style="width: 25%;">Date of Exit (dd/mm/yyyy)</th> <th style="width: 20%;">Scheme Certificate No.(If issued)</th> <th style="width: 15%;">PPO Number(If issued)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">101691604036</td> <td style="text-align: center;">DLCPM001713 70000013958</td> <td style="text-align: center;">08/06/2023</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">101691604036</td> <td style="text-align: center;">PYBOM003482 60000042691</td> <td style="text-align: center;">13/05/2024</td> <td></td> <td></td> </tr> </tbody> </table>					Universal Account Number	PF Account Number	Date of Exit (dd/mm/yyyy)	Scheme Certificate No.(If issued)	PPO Number(If issued)	101691604036	DLCPM001713 70000013958	08/06/2023			101691604036	PYBOM003482 60000042691	13/05/2024		
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13	a) International Worker		No																	
	b) If yes, state country of origin(India/Name of other country)																			
	c) Passport No.																			
	d) Validity of passport [From (dd/mm/yyyy) To (dd/mm/yyyy)].																			

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 as I am an Aadhar verified employee in my previous PF 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. **Name of Employee** has joined on **Start Date** 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 but approved with DSC/e-sign.

C. In case 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

* Auto transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Form-13) for transfer of account from the previous establishment.

FORM F

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

NOMINATION

To,
M/S. H&M Services Pvt. Ltd,

1. I Shri/Shrimati/Kumari **Pratik Rajendra Valvi** whose particulars are given in the statement below, 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 provision to clause (h) of Section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

NOMINEE(S)

S.No.	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	Karishma Pratik Valvi	Spouse	28	100%
2				
3				

Statement

1. Name of employee in full : PRATIK RAJENDRA VALVI
2. Sex : Male
3. Religion : Hindu
4. Whether Unmarried/Married/Widow/Widower : Married
5. Department / Branch / Section where employed :
6. Post held with Ticker No. or Serial No. if any :
7. Date of appointment :
8. Permanent Address : 368 B, Near Vijaya General Stores, Sadar Bazar, Satara 415001

Village : _____ Thana : _____ Sub-division : _____
Post Office : _____ District : _____ State : _____

Place :
Date :

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)

1)

2)

2)

Place :
Date :

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.

for

Authorised Signatory

Signature of the employer /

officer authorised

Designation

M/S. H&M Services Pvt. Ltd,

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 :

Signature of employee

Note: Strike out the words/paragraphs not applicable

