

PF Form



New Form : 11 - Declaration Form
(To be retained by the employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Fund Scheme, 1952 (Paragraph 34 & 57) and
Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up Employment in any Establishment on which EPF Scheme, 1952 and for EPS, 1995 is applicable)

1.	Name of Member (Aadhar Name)	Name as per Aadhar Card
2.	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever applicable)	Tick whose name you are writing and mention their name
3.	Date of Birth (dd/mm/yyyy)	Your Date of Birth
4.	Gender (Male / Female / Transgender)	Gender
5.	Marital Status ? (Single/Married/Widow/Widower/Divorcee)	Marital Status
6.	(a) eMail ID (b) Mobile No (Aadhar Registered)	Personal Email ID Mention the Mobile which is linked and registered with your Aadhar
7.	Whether earlier member of the Employee's Provident Fund Scheme, 1952 ?	Yes / No If you have a PF A/C than YES or else NO
8.	Whether earlier member of the Employee's Pension Scheme, 1995 ?	Yes / No If you have a Pension A/C than YES or else NO
9.	Previous Employment details ? (If Yes, 7 & 8 details above) a) Universal Account Number (UAN) b) Previous PF Account Number c) Date of Exit from previous Employment ? (dd/mm/yyyy) d) Scheme Certificate No (If issued) e) Pension Payment Order (PPO) (If issued)	If you have a PF A/C than you have to mention the a,b,c point under 9th point Leave it Blank Leave it Blank
10.	a) International Worker b) If Yes, state country of origin (name of other country) c) Passport No. d) Validity of passport (dd/mm/yyyy) to (dd/mm/yyyy)	Yes / No Tick on NO Leave it Blank Leave it Blank Leave it Blank
11.	KYC Details : (attach self attested copies of following KYCs) a) Bank Account No. & IFS Code b) AADHAR Number c) Permanent Account Number (PAN), If available	Must Endorse Scan copy for the following documents Mention your A/c No. and IFSC Code of the bank Your Aadhar Card No. Your PAN Card No.
12.	First EPF Member Enrolled Date First Employment EPF Wages Are you EPF Member before 01/09/2014	If Yes, EPF Amount Withdrawn? If Yes, EPS (Pension) Amount Withdrawn? After Sep 2014 earned EPS (Pension) Amount Withdrawn before join current Employer?
	Yes / No NO	Yes / No NO Yes / No NO Yes / No NO

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge
- 2) I authorise EPFO to use my Aadhar for verification / authentication / eKYC purpose for service delivery
- 3) Kindly transfer the fund and service details, if applicable, from the previous PF account as declared above to the present PF 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)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date : DATE
Place : PLACE

HarSun

Your Signature
Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr./Ms./Mrs. _____ Has joined on _____ 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 or the member is)
Please Tick the Appropriate Option : The KYC details of the above member in the JAN 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 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.

LEAVE
IT
BLANK

Date :

Signate of Employer with Seal of Establishment

Note:- Leave the Declaration by Present Employer Blank

PF Nomination Form

(FORM 2 REVISED)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Schemes
(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees Pension Scheme 1995)

1. Name (IN BLOCK LETTERS): Full Name in BLOCK LETTERS
Name Father's / Husband's Name Surname
2. Date of Birth: Your DOB 3. Account No. Leave it Blank
4. *Sex: MALE/FEMALE: Your Gender 5. Marital Status Your Marital Status
6. Address Permanent / Temporary : Address

PART - A (EPF)

I hereby nominate 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 (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6

- *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.

Your Signature

Strike out whichever is not applicable

Signature/or thumb impression of the subscriber

PART - A (EPF)

Column 1 - Name of the Nominee (You can nominate more than one person)

Column 2 - Address of the Nominee (If you are nominating more than one person and they both reside at the same place, then you can just mention one address but If you are nominating more than one person and they both reside at different addresses then you need to mention two separate addresses.

Column 3 - Your Relationship with the Nominee

Column 4 - Nominee's Date of Birth

Column 5 - Percentage-wise wise mention the amount of share you want to provide to the nominee (If you are nominating one person then the share would be 100% but if you are nominating more than one person then you need to divide that 100% into two people. For example 60-40, 50-50, 70-30, 80-20, etc.)

Column 6 - If you are nominating someone minor then you need to mention their guardian's name and address, if not then leave it blank.

PART – (EPS)

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 premature death in service.

Sr. No	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)

PART - (EPS) - Para 18

Column 1 - Mention the Serial Number

Column 2 - Name and the Address of the Family Member (If all of your family members reside at the same address then just mention one address at the end, and if they reside at different places then you need to mention different addresses)

Column 3 - Mention Family members Age.

Column 4 - Mention your relationship with the family member.

Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2 (a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

Name and Address of the nominee	Date of Birth	Relationship with member
LEAVE	IT	BLANK

Date Date

Your Signature

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./ Miss _____ employed in my establishment after he/she has read the entries / the entries have been read over to him/her by me and got confirmed by him/her.

LEAVE IT BLANK

Date: _____

Signature of the employer or other authorised officer of the
establishment

Name & address of the Factory /Establishment

Place :

Date :

PF Transfer Form (If Applicable)

TRANSFER CLAIM FORM

FORM 13 (REVISED)

CLAIM ID Leave it Blank

(For EPFO Use only)



EMPLOYEES' PROVIDENT FUND SCHEME, 1952
(PARA 57)

To,
The Regional P F Commissioner,
Office Name: Leave it Blank
Office Address: Leave it Blank

(Please see instruction 3)

To,
Trust Name: Leave it Blank
Trust Address: Leave it Blank

(in case the PF A/C is with Exempted Establishment)

Sir,

I request that my provident fund balance along with my pension service details may please be transferred to my present account under intimation to me. My details are as under:

PART A: PERSONAL INFORMATION

- *Name: Your Full Name
- *Father's/Husband's name: Mention Father's or Husband's Name
- Mobile number: Personal Number
- E-mail id: Personal Email ID
- Bank A/C number: Bank A/c Number
- IFS code of Bank branch: IFSC Code

PART B: DETAILS OF PREVIOUS ACCOUNT (WHICH IS TO BE TRANSFERRED)

- *PF Account No. : Mention the PF A/c Number
In case the previous establishment is exempted under Employees' Provident Fund Scheme, 1952
Pension Fund Account No. : Leave it Blank
- *Name and Address of the previous establishment: Name and the address of your previous organization
- *PF Account is held by: (Name of EPF Office/ PF Trust) If you know the name of the EPF Office then mention name or else Leave it Blank
- *Date of Birth: Your DOB (dd/mm/yyyy)
- *Date of joining : Your DOJ (dd/mm/yyyy)
- *Date of leaving: Your date of exit (dd/mm/yyyy)

PART C: DETAILS OF PRESENT ACCOUNT

- *PF Account No. : Leave it Blank
In case the present establishment is exempted under Employees' Provident Fund Scheme, 1952
Pension Fund Account No. : Leave it Blank
- *Name and Address of the present establishment: Leave it Blank

3. *Account is held by: (Name of EPF Office / PF Trust) Leave it Blank
4. *Date of joining : Leave it Blank (dd/mm/yyyy)
5. #Name of Trust (to whom funds are to be paid in case of present establishment being exempted under EPF Scheme, 1952) : Leave it Blank
6. #Employee code under the Trust: Leave it Blank
- (* indicates mandatory fields) (# Strike off if not applicable)

I, Certify that all the information given above is true to the best of my knowledge and I have ensured the correctness of my present and previous account numbers.

Your Signature
Signature of the Member
Date: Date

IMPORTANT: Member has the option to get the claim form attested by present or previous employer. In case of attestation by the previous employer, time taken in settlement will be relatively less.

Certified that I have verified the data in Part B in respect of the member mentioned in Part A of this form and the signature of the member.

Leave it Blank

Seal of the Establishment

Signature of Previous Employer
Date: _____

OR

Certified that I have verified the data in Part C in respect of the member mentioned in Part A of this form.

Leave it Blank

Seal of the Establishment

Signature of Present Employer
Date: _____

INSTRUCTIONS AND GUIDELINES

1. The Bank A/C details are for verification purpose even if the Fund is transferred to the EPFO Office/Trust maintaining the present account number.
2. In case the Previous Account was maintained by PF Trust of the exempted establishment, the member should submit a Transfer Claim Form {Form-13(Revised)} to the Trust while sending another Transfer Claim Form {Form-13(Revised)} to the PF Office for transferring the service details under the Pension Fund to the new account.
3. The Form should be submitted to that PF Office under which previous or the present account is maintained, depending upon as to which employer has attested the claim. (In case the claim is attested by the present employer, claim should be submitted with the PF Office under which the present account is maintained, and so on).
4. The mobile number (wherever provided) of the member would be used for sending an SMS alert informing him/her the processing of his/her claim and is non-mandatory for Physical form.

Gratuity Form

UNDER THE PAYMENT OF THE GRATUITY ACT 1972.
&
THE PAYMENT OF GRATUITY (MAHARASHTRA) RULE, 1972.
FORM "F"
(See sub rule (I) of rule 6)
Nomination

To : M/s.

1. Shri/ Shrimati/ Kumari Select the Title and write your Full Name
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 being 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 hearby classify that the person(s) mentioned is/are member(s) of my family within the meaning of clause(h) of section 2 of the payment Gratuity act, 1972.
3. I hearby declare that I have one family within the meaning of clause(h) of section 2 of the said act.
4. (a) My Father/ mother/ Parents /are not dependent on me.
(b) My husbands Father/ mother/ Parents /are not dependent on my husband.
5. I have excluded my husband from my family by a notice dated the Leave it Blank to the controlling authority in terms of the provision to the clause(s) of section 2 of the said act.
6. Nomination made herein invalidates my previous nominations.

NOMINEE(S)				
Sr No.	Name in full with address of the nominee(s) (1)	Relationship with the employee (2)	Age of the nominee (3)	Proportion by which the gratuity will be shared (4)
1.	Name Of the Nominee	Your	Nominee's Age	Percentage-wise
2.	And their Address	Relationship		mention the amount
3.		With the		you want to provide
4.		Nominee		to the nominee

STATEMENT		
1.	Religion	Your Religion
2.	Sex	Gender
3.	Name of employee in full	Your Full Name
4.	Whether unmarried/married/widower.	Marital Status

5.	Department/branch/section where employed	LEAVE IT BLANK
6.	Post held with ticket or serial number if any	LEAVE IT BLANK
7.	Date of appointment	Your Date of Joining
8.	Permanent Address YOUR COMPLETE ADDRESS	
	Village	Thana
	Post office	District
		Sub division
		State

Place : <u>Place</u>	Your Signature
Date : <u>Date</u>	Signature/thumb impression of the employee.

DECLARATION BY WITNESS

Nomination signed/thumb impressed before me.
Name and full address of the witnesses.

1. Witnesses Name

2. Witnesses Name

Place : Place

Date : Date

Signature of the witnesses
1. Witnesses Signature

CERTIFICATE BY THE EMPLOYER

Certify that the particulars of the above nomination have been verified and recorded in this establishment.
Employers reference No. If any:

LEAVE IT BLANK

Signature of the employer/ officer authorized.

Designation :

Name and address of the establishment
or rubber stamp therof

ACKNOWLEDGMENT BY THE EMPLOYEE

Received the duplicate copy of nomination in form "F" filed by me and duly certified by the employer:

Date : Date

Note : Strike out the words/paragraphs not applicable.

Your Signature
Signature of the employee:

ESIC Form (If Applicable)



DECLARATION FORM

FORM - 1

To be filled by employee after reading instructions overleaf. Two Postcard size Photographs to be attached with the form. This form is free of cost

LEAVE IT BLANK

Employers Code No:

(A) INSURED PERSONS PARTICULARS

1	Insurance No.	Leave it Blank				
2	Name (in Block Letters)	Your Name in BLOCK LETTERS				
3	Father's/Husband Name	Father's/Husband's Name				
4	Date of Birth	Day	Month	Year	5. Marital status	6. Sex
		D	O	B	Marital Status M / U / W	M / F
7	Present Address	Your Address				
8	Permanent Address	Your Address				
		-do-				
	Pin Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
	Email ID	Email ID				
	Branch Office	Leave it Blank				
	Dispensary	Leave it Blank				

(b) EMPLOYERS PARTICULARS

Date of Appointment	Day	Month	Year	Date of Joining
	D	O	J	
11. Name & Address of the Employer				
Leave it Blank				
12. In case of any previous employment please fill up the details as under:-				
a) Previous Ins.No.	Leave-it Blank			
a) Empos.Code No.	Leave it Blank			
C) Name & Address of the Previous Employer				
Leave it Blank				

(C) Details of Nominee u/s 71 of ESI Act 1948/Rule-56(2) of ESI (Central Rules 1950 for payment of cash benefit in the event of death.

Name	Relationship	Address
Nominee Name	Your Relationship with the Nominee	Nominee's Address

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the Corporation any changes in the membership of my family within 15 days to such change

Your Signature

Signature / T.I. of IP

Counter Signature by the employer with seal

(D) FAMILY PARTICULARS OF INSURED PERSON

S.n	Name	Date of Birth/Age as on date of filling form	Relationship with the Employee	Whether residing with him/her Say- Yes / No	If No. State place of Residence	
					Town	State
1	Name of your Mother	DOB/Age	Your	If they	If No than mention their	
2	Name of your Father	DOB/Age	Relation	stay with	Town and State where	
3			ship	you	they are currently	
4			With	than	staying	
5			Them	YES or		
6				else NO		

ESI Corporation

Temporary Identity Card (Valid for 3 months from the date of appointment)

Name	0 Your Name		
Ins.No.	Leave it Blank	Date of Appointment	Date of Joining
Branch office	0	Dispensary	Leave it Blank
Leave it Blank		Leave it Blank	
Employers Code No. & Address			

Passport Size Photograph

(Space for photograph)

Validity

Dated

Your Signature

Signature / T.I. of I.P.

Signature of B.M. with Seal

Leave this whole Page Blank

INSTRUCTIONS

- 1 Submission of Form-1 is governed by regulations 11 & 12 of ESI (General) Regulations, 1950
- 2 "Family" means all or any of the following relatives of an insured Person namely:-
(i) a spouse (ii) a minor legitimate or adopted child dependent upon the I.P., (iii) a child who is wholly dependant on the earnings of the I.P. and who is (a) receiving education, till he or she attains the age of 21 years (b) an unmarried daughter, (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependant on the earning of the I.P. so long as the infirmity continues; (v) dependent parents (Please see Section 2 clause 11 of the ESI Act 1948 for details)
- 3 Identity Card is Non-Transferable
- 4 Loss of identity Card be reported to Employer / Branch Manager immediately
- 5 Submission of false information attracts penal action under Section 84 of ESI Act, 1948
- 6 This form duly filled in must reach the concerned Branch office within 10 days of appointment of an Employee, Delay attracts penal action under Section 84 of the Act, against employer
- 7 As an Insured person you and your dependant family members are entitled to full medical care from today itself. The other benefits in cash include (1) Sickness Benefit (2) Temporary Disable benefit (3) Permanent disablement benefit (4) Dependent benefit and (5) Maternity (incase of women employee) subject to fulfillment of contributory conditions.
- 8 For more details contact website of ESIC at www.esic.org.in or contact Regional office or Branch office

FOR BRANCH OFFICE USE ONLY

- 1 Date of allotment of Ins. No. :
- 2 Date of issue of T.I.C. :
- 3 Name / No. of Disp. :
- 4 Whether reciprocal Medical arrangements involved, if yes, please indicate

Signature of Branch Manager

S.n	Name	Date of Birth/Age as on date of filling form	Relationship with the Employee	Whether residing with him/her Say- Yes / No	If No. State place of Residence	
					Town	State
1	0	0	0	0		
2	0	0	0	0		
3						
4						
5						
6						

Leave this whole Page Blank

Code of Conduct

- Initials on every Page.
- On the last page Signature and Name.