## Form No. 11 (New) Declaration Form



THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)

THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT	ON WHICH EMPLOYEE	S' PROVIDENT FUND	СНЕМЕ,
1952 AND/OR EMPLOYEES' PENSION SCHEME,	1995 IS APPLICABLE		
(DI FASE CO TUDOLICU THE INST	DUCTIONS)		

				(PL	EASE	GO TH	IROUG	НТН	EINS	TRU	ICTI	ONS)						
1)	NAME	(TITLE)																
	M		MRS.															
	(P	LEASE TIO	CK)															
2)	DATE OF BIF	RTH		D	D	M	M Y	' Y	Y	Y								
3)	FATHER'S/ HUSBAND'S	Name	MR.															
	11030/1110 3	T W TIVIL																_
			1					Ų										
4)	RELATIONSH (PLEASE TIC		PECT OF (3)	) ABOVE		FATHER	2	Н	USBAN	D								
5)	GENDER (PLEASE TIC	к)			MALE		FEMALE		TRANS(	GENDE	ĒR							
6)	MOBILE NUN (IF ANY)	MBER																
7)	EMAIL ID (I	F ANY)																
0)	<b>NA</b> (1) 1 1					/ D- :		<u> </u>		- 10	500							
8)	WHETHER	EARLIER		)F THE EI LEASE TI		ES' PRO			CHEM	E, 19:	52?			_				
9)	WHETHED	FΔDI IFD	P۱) A MEMBER C			S' PENI		YES HEME	19957	<u> </u>		N	<u> </u>					
,,	VIILIIILK	LINCILIX		LEASE TI		_5 1 LIV		YES	1770:			N	0					

If response to any or both of (8) & (9) above is yes, then <u>mandatorily</u> fill up the previous employment details at (10,11&12):

Δ	DDEVIOU	IS EMPLOY	MENT DET	LVIIC											
		LS OF THE U				BER (U	AN) or	PREVIOL	JS PF	MEMBER	ID:				
	UAN														
	OR														
	PREVIOU	s PF Memi	BER ID		REGION	Code	OFFIC	e Code	Est	ABLISH	MENT ID	EXTENS	ION	ACCOUNT NU	IMBER
													•		
11)		EXIT FOR PR			D D	M	1 1	Λ	Υ	Υ	Υ	Y			
	INIEMBER I	ID (DD/MN	1/												
							<u> </u>	l.			<u> </u>				
12)		CHEME CERT											:		
	(B) IF PE	Ension Payn	MENT ORDE	R (PI	O) ISSUE	D FOR F	REVIOU	S EMPLO	YMEN	I, IHEN	PPO NUN	/IBER:			
В.	OTHER D	ETAILS													
12)		\4/==		Г	,	VEO			No	$\longrightarrow$					
13)	(PLEASE T	TONAL WOR	KER	-		YES			No						
	(I LLASE I	icky		L											
		REPLY TO (				N ENTE	R THE C	ETAILS	IN 1	3(A), 1	3(B) &	13(c):			
	13(A) C	OUNTRY OF	ORIGIN (F			AL INIDIA	\ (IF VE	DI FAC							
		India			OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)										
					VIENTION	WINE OI	THE GO	<u> </u>							
	40( ) 5														
	13(B) P	ASSPORT NU	MBER			_			_						
	13(c) P	ASSPORT VA	LID FROM		D	D	М	ΜΙΥ	Y	TY	Υ				
							IVI	VI I		1	'				
			To	0	D	D	М	ИΥ	ΤΥ	Тү	Υ				
									-	<u> </u>					
	) EDUCATIO	NAL			T							1 -	CT	5	Trous
14	LUUCAIIC		1, , , , , , , ,	D 4 TE	Non-	-	MATRIC.	S	ENIOF	2 /	`	PC	151		TECHN
14	QUALIFICA	ATION	ILLITE	RATE	NON- MATR		MATRIC		ENIOF CONDA	1 (	GRADUATE	GRAD		Doctor	PROFES
14			ILLITE	RATE			MATRIC			1 (	GRADUATE	I		DOCTOR	
14	QUALIFICA		ILLITE	RATE			MATRIC			1 (	GRADUATE	I		DOCTOR	
	QUALIFICATION (PLEASE T	тск)			MATR	IC		SEC	CONDA	RY		GRAD		DOCTOR	
	QUALIFICATION (PLEASE TO MARITAL SE	TICK) STATUS		RATE	MATR				CONDA	RY	GRADUATE  DIVOR	GRAD		DOCTOR	
	QUALIFICATION (PLEASE T	TICK) STATUS			MATR	IC		SEC	CONDA	RY		GRAD		DOCTOR	
	QUALIFICATION (PLEASE TO MARITAL SE	TICK) STATUS			MATR	IC		SEC	CONDA	RY		GRAD		DOCTOR	
15	QUALIFICATION (PLEASE TO MARITAL SE	TICK) STATUS FICK)		RRIED	MATR	IC		SEC	CONDA	OWER		GRAE	DUATE	DOCTOR	
15	QUALIFICATION (PLEASE TO MARITAL SECONDARY)	STATUS FICK)	MAF	RRIED	MATR	IC		SEC	/ WID	OWER  IF YES	Divor	CEE CATEGO	DRY	DOCTOR	

1	7)	KYC	<b>DETAILS</b>

DATE:

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	Number	REMARKS, IF ANY
BANK ACCOUNT-1*			IFSC CODE*
NPR/AADHAAR			
PERMANENT ACCOUNT NUMBER (PAN)			
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
RATION CARD			
ESIC CARD			

<sup>\*</sup> Mandatory Field (<u>Note</u>: Bank Account NUMBER (along with IFSC code) is mandatory. You are however advised to provide all KYC documents available with you in addition to mandatory KYCs to avail better services. **Self-Attested Photocopies of the Documents** must be attached with this form.

## C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,
  - (I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.
  - (II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. 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 CERTIFICATE).
  - (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE:	
PLACE:	
	DECLARATION BY PRESENT EMPLOYER
A.	THE MEMBER Mr./Ms./Mrs HAS JOINED ON AND HAS BEEN ALLOTTED PF MEMBER ID
_	hu and the person was a few as the results of EDE Courses 1050 and EDC 1005
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
	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 MEMBER ID 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 OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT