**DECLARATION BY**

**EMPLOYEE**

**EMPLOYEE PROVIDENT FUND CONTRIBUTION**

**Company Name**  **:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee ID / No.**  **:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Name** **:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**With Effect from**  **:** \_\_\_\_\_\_\_\_\_\_\_ (month) \_\_\_\_\_\_\_\_\_\_ (year)

**Contribution Amount (Rs) :** 12% of basic monthly salary [Employee’s contribution] + 12% + 1% of basic monthly salary [Employer’s contribution] shall be deducted

**I am fully aware that once I opt for EPF and the deduction commences under EPF, it is mandatory to continue this deduction until my resignation from the company.**

**I acknowledge that the EPF contribution will form a part of my Cost to Company (CTC) and deduction will be made from my net take-home salary. Furthermore, I comprehend that this deduction will remain consistent even after any future increments.**

**Signature of Employee:**

**Date:**