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Composite Declaration Form -11

## EMPLOYEES’ PROVIDENT FUND ORGANISATION

Employee’ Provident Funds **Scheme, 1952** (Paragraph 34 & 57) & Employees• Pension **Scheme, l99S (Paragraph 24)**

|  |  |  |
| --- | --- | --- |
|  | Name of the member | Pollapalli Shravika Reddy |
| 2 | Father Name  Spouse’s Name | Sampath Reddy Pollapalli |
| 3 | Date of Birth: ( DD / MM / YYYY ) | 15/08/1998 |
| 4 | Gender: (Male/Female/Transgender) | Female |
| 5 | Marital Status: (Married/Unmarried/Widow/Widower/Divorcee) | Unmarried |
| 6 | (a) Email ID:  (b} Mobile No.: | [Shravika413@gmail.com](mailto:Shravika413@gmail.com)  9502604245 |
| 7 | **Present employment details:**  Date of joining in the current establishment (DD/MM/YYYY) | 09/09/2020 |
| 8 | KYC Details: (attach self attested copies of following KYCs) |  |
| 1. Bank Account No. : 2. IFS Code of the branch: |  |
|  |  |
| d) Permanent Account Number (PAN), if available | FBQPP2739K |
| 9 | Whether earlier a member of Employees’ Provident Fund Scheme,  1952 | **Yes/No** |
| 10 | Whether earlier a member of Employees’ Pension Scheme, 1995 | Yes / No |
|  | **Previous employment details: [if** Yes to 9 And OR **l0 Above]** - **Un-exempted**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Establishment  Name & Address | Universal  Account Number | PF Account  Number | Date of joining  (DD/MM/ YYYY) | Date of exit  (DD/MM/ YYYY) | Scheme  Certificate No. (if issued | PPO Number  (if issued) | Non  Contributory Period (NCP) Days | |  |  |  |  |  |  |  |  | | |
| 12 | **Previous employment details: [If** Yes to 9 AND/OR 10 above] — **For Exempted Trusts**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Name & Address of the Trust | UAN | Member EPS A/c Number | Date of joining (DD/MM/  YYYY) | Date of exit (DD/MM/ YYYY) | Scheme Certificate No. (if  issued | Non Contributory Period (NCP)  Days | |  |  |  |  |  |  |  | | |
| 13 | **a) International Worker:** | yes/No |
| b) If yes, state country of origin (India/Name of other country) | NO |
|  |  |
| d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)] | 31/10/2019 TO 30/10/2029 |

UNDERTAKING

* 1. Certified that the particulars are true to the best of my knowledge.

1. I authorize EPFO to use my Aadhar for verification/authentication/e-KYC purpose for service delivery.
2. Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present PT. Account as I am an Aadhar verified employee in my previous PF Account.\*
3. In use of changes in alive details, the same will be intimated to employer at the earliest.

Shravika

Hyderabad Signature Of Member

DECLARATION BY PRESENT **EMPLOYER**

A. The Member Mr/ Ms/ Mrs ......Pollapalli Shravika Reddy......... has joined on 09/09/2020 

Allotted PF No. .........,............................................................aml L'AN.................................................................................................

* 1. In case person was ‹earlier not a member of EPF Scheme, 1952 and UPS, 1995:
     + **Please Tick** the Appropriate **Option:**

The KYC details of the above member in the UAN database O Have not been uploaded

O Have been uploaded but not approved

O Have been uploaded and approved with DSC/e-sign.

* 1. In case the person was earlier a member of I\PF Scheme, 1952 and UPS, 1995: Please **Tick the** Appropriate **Option:-**

O The KYC details of the above member in the UAN database have been approved with E-sign/Digital Signature Certificate a0d transfer request has been generated on portal

O The previous Account of the member is not Aadhar verified and hence physical transfer from shall be initiated

Shravika

Date: 09/09/2020 Signature of Employer with Seal of

Establishment

\*Auto transfer of’ previous PF account would be possible in respect of Aadhar verified employees only. Other employee’s arc requested to file physical claim (Fomi-13) fa transfer of account from the previous establishment.