

Emp No.:		

Form 11 (Revised)

### THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (Paragraph 34)

**AND** 

THE EMPLOYEES' PENSION SCHEME, 1995 (Paragraph 24)

Declaration by a person taking up employment in an establishment in which the Employees' Provident Funds & Employees' Pension Scheme enforce

Employe	es' Pension Scheme enforce
1. Employee ID:	2. Name: Name as per Aadhaar, if you have UAN then fill name as per UAN only
3. Aadhar: Mention Aadhaar Number	4. Previous Employer EPS Number: If you were employed previously & the company is exempted establishment, then provide EPS number. In all other cases NA
<b>5. UAN:</b> If you were employed previously, then UAN mandatory to provide. If fresher then NA	6. Previous Employer PF Number: If you were employed previously, then PF number mandatory to provide. If fresher then NA
7. Mobile No: Mention mobile number	8. Personal Email id: Mention personal Email ID
Name as per Aadhaar, if you have UAN then to per UAN only  (Name of Employee)	fill name as Son/ wife/ daughter of *Sh.  Mention Father / Husband Name
do hereby solemnly declare that :-	tion immediate previous organization (Prior to Oracle) name & address, if fresher then NA  (Name and Full Address of the immediate previous employer)
and foll convice on	mmediate previous employer, if fresher then NA prior to that, I was employed in fleaving with immediate previous employer)
(Name and Full Address of the second last	employer, if any) (Date of joining & leaving with second last employer, if any)
(b) I was member of	dress of PF office / Trust of immediate previous employer (Name of PF Trust / Address of PF Office of immediate previous employer)
Provident Fund and also/but not* of the F	
and my account number (s) was/were	Mention PF number with Est code of previous employer, if fresher then NA
(c) I have / have not* withdrawn the amou	(PF No. with Establishment Code of immediate previous employer) unt of my Provident Fund/Pension Fund.
• • • • • • • • • • • • • • • • • • • •	uation benefits in respect of my past service from any employer.
(e) I have / have never* been a member of	of any Provident Fund and/or Pe <u>nsion Fund.</u>
(f) I am drawing / not drawing* Pension	under EPS 95.
(g) I am a <b>holder / not holder</b> * of scheme	Certificate.
(h) Scheme certificate surrendered / not s	urrendered*
*Strike out whichever is not applicable.	
Date (Date of joining of employee)	Signature
Shri/Smt is appointed as in (PF No with Estt Code)	with effect from P.F. Account Number
Date	Signature of the Employer/Manager or Other Authorised Officer with Office Seal



## Form No.11 (New) Declaration Form

(To be retained by the Employer for future reference)

## **Employees' Provident Fund Organization**

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 EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE.

### (PLEASE GO THROUGH THE INSTRUCTIONS)

1)	NAME (TITLE)	: Name as per Aadhaar, if you have UAN then fill name as per UAN only						
2)	DATE OF BIRTH	:	Date of birth a	s per Aadha	aar, if you have UAN t	hen fill your	DOB as per UAN	
3)	FATHER'S / HUSBAND NAME	:	Father / Husba	and Name				
4)	RELATION IN RESPECT OF (3)	AB	OVE	I	FATHER	Н	JSBAND	
	(PLEASE TICK)			Mention r	elation with the Name	mentioned	in point-3	
5)	GENDER		MA	LE	FEMALE	TRA	ANSGENDER	
	(PLEASE TICK)			Ger	der as in Aadhaar			_
6)	MOBILE NUMBER:	Mo	obile number lii	nked with A	adhaar			]
7)	EMAIL ID (IF ANY) :	M	ention email ID					
	WHETHER EARLIER A MEMBE PLEASE TICK If you were employed with an organizat	ion	YES registered in E	PF,1952 an	N d PF contribution was	TO there then		. If you
	are a fresher then mention "No" WHETHER EARLIER A MEMBE. PLEASE TICK "Yes" is applicable on those employees		YES		N	lo	are still laying with	
	previous PF A/c. Note: To know the EP compare both employee and employer fresher, then mention "No"	Sm	nembership sta	tus, please	review your PF passb	ook of the p	revious employer	

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

A. PREVIOUS E	MPLOYMENT	<b>DETAILS</b>
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۵)	) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN)	lf y	you were en	np <mark>l</mark> oyed <sub>ا</sub>	oreviously,	then UAN	mandatory	/ to
U)	) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN)	: pro	ovide. If fres	sher then	NA			

 $OR \quad PREVIOUS\ PF\ MEMBER\ ID\ : \quad \text{If you were employed previously, then PF number mandatory to provide. If fresher then NA}$ 

- 11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY) Mention date of exit with previous employer
- 12) (A) If scheme certificate issued for previous employment, then scheme certificate number: If you have obtained then provide, otherwise NA
  - (B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER: If you have obtained then provide, otherwise NA

B. Other	r Details
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13) INTERNATIONAL WORKER

Yes	No

(PLEASE TICK) Any person holding otherthan Indian Passport, working in a company where PF act applies should be considered as International Worker

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):

13(A) COUNTRY OF ORIGIN (Please Tick)

INDIA	OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)
If Nationality is other than	Indian, please provide your Nationality

- 13(B) PASSPORT NUMBER: If you are an International worker, fill your passport number
- If you are an International worker, mention your passport details and share a copy 13(C) PASSPORT VALID

FROM					
ТО	4				

14) EDUCATIONAL QUALIFICA-TION

Select	your highest	educational o	quali

ILLITRATE	Non- Matric	MATRIC	SENIOR SECONDARY	GRADUATE	Post Graduate	Doctor	Technical Professional
Select	your highest	educational o	qualification				

15) MARITAL STATUS (PLEASE TICK)

(PLEASE TICK)

Married	Unmarried	WIDOW/ WIDOWER	Divorcee
Mention marital	status		

16) SPECIALLY ABLED (PLEASE TICK)

SPECIALLY ABLED	Yes	No
(PLEASE TICK)		
Select specially abled	status	

If Yes, TICK THE CATEGORY LOCOMOTIVE VISUAL **HEARING** 

If selected "Yes" for specially abled status, then select appropriate option

17. KYC DETAILS Mention Bank, Aadhaar & Pan KYC details mandatorily

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*			IFSC CODE*
NPR/AADHAAR			
PAN No.			
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
RATION CARD			
ESIC CARD			

### C. UNDERTAKING:

A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(III) I AM AWARE THAT I CAN SURMIT MY NOMINATION FORM THROUGH LIAN BASED MEMBER PORTAL

- 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).

	٠,			
DAT	E:			
PLACE:"			SIGNATURE	
DE	CLA	RATION BY PRESENT EM	IPLOYER	
Α.	Тне	MEMBER Mr./Ms./Mrs.	HAS JOINED ON	_ AND HAS BEEN ALLOTTED P
В.	In c	ASE THE PERSON WAS EARLIER NO	OT A MEMBER OF EPF SCH	EME, 1952 AND EPS, 1995
	?	(POST ALLOTMENT OF UAN) TH	HE <b>UAN</b> ALLOTTED FOR T	HE MEMBER IS
	•	PLEASE TICK THE APPROPRIATE	OPTION:	
		THE KYC DETAILS OF THE ABOVE	E MEMBER IN THE <b>UAN</b> DA	ATABASE
		☐ HAVE NOT BEEN UPLOADED		
		☐ HAVE BEEN UPLOADED BUT N	OT APPROVED	
		☐ HAVE BEEN UPLOADED AND A	PPROVED 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.

DATE: SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT

<sup>\*</sup> Mandatory Field (NOTE: 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.