FORM 11 (Revised)

Emp ld:			
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The Employees Provident Fund Scheme, 1952 (Paragraph 34) and The Employees Pension Scheme, 1995 (Paragraph 24)

Declaration by a person taking up employment in the establishment (Unexempted Establishment Only)

l	s/o / w/o / d/o		o	do
hereby solemnly declare that				
(a) I was employed in M/s				
			(Name and full address of the establish	ment) with
PF A/c No from			prior to that I was with PF A/c	
			 and copy of the scheme certificate is e	nclosed
(c). I have/ have not withdrawn the	amount of my Provi	dent Fund / Pensior	n Fund.	
(d). I have/ have not drawn any ber establishment	nefits under the emp	oloyee's Pension Sc	heme,1995 in respect of my past service in any	,
(e). I have/ have never been a men	nber of any Provider	nt Fund and/ or Pen	sion Fund.	
Date:				
Encl: Copy of the Scheme Certificate.		*	Signature or left hand thumb impression of the	employee.
(To be filled by the employer)				
(1) Shri / Smt. / Miss		is a	ppointed as	
(Name o	of Employee)		(Designation)	
in M/s			with effect from	
(Name of Factor	y / Establishment)		(Date of appointment)	
bearing PF A/c.No	·			
(2) Copy of Scheme Certificate is e	nclosed.			
(3) Declaration & Nomination in from	m 2 is enclosed.			
DATED :	Signature of the	e employer or mana	ger or other authorized officer.	

^{*} Left hand impression in the case of illiterate male member and right hand impression by illiterate female member.