

Composite Declaration Form -11 (To be retained by the employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employees' Pension Scheme, 1995 (Paragraph 24)
(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

| 1 | Naı | me of the member | | | | | | | | |
|----|----------|------------------------------------|--------------------------------|-----------------------------|--|----------------------------------|--|---|---|--|
| 2 | | ther's Name ouse's Name | | | | | | | | |
| 3 | Dat | te of Birth: (DD / | MM / YYYY |) | 1 | | | | | |
| 4 | | nder: (Male/Fema | | | | | | | | |
| 5 | | rital Status: (Marr | _ | | | | | | | |
| 3 | (a) | Email ID: | Tion Chinarica | WIGOW/ WIGO | | | | the second second | | |
| 6 | | Mobile No.: | | | | | | | | |
| | Pre | esent employmen | t details: | | | | | | | |
| 7 | Dat | te of joining in the | current establi | ishment (DD/N | | | | | | |
| | KY | C Details: (attacl | h self attested c | copies of follow | | | | · · · · · · · · · · · · · · · · · · · | | |
| 8 | a) | | | | | | | | | |
| | b) | IFS Code of the | | | | | | | | |
| | c) | AADHAR Num | her | | | | | | | |
| | d) | Permanent Acco | | AN) if availab | nle | | | | | |
| | | nether earlier a me | | ** | | | Yes / No | | | |
| 9 | 195 | | moci of Emple | yees Trovider | | 163/140 | | | | |
| 10 | | nether earlier a me | | | | | Yes / No | | | |
| | Pre | evious employme | nt details: [if] | Yes to 9 AND/ | OR 10 above] - | Un-exempted | | | | |
| 11 | 1 | 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 | |
| | | | | | | | | | | |
| | Pre | evious employme | | | For Exempte | d Trusts | | | | |
| | | Name & Addre | 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 | | |
| | | | | | | | | | | |
| | a) | International W | vorker: | | Yes / No | | | | | |
| | - | | | | | | | | | |
| 13 | b) c) | If yes, state cour Passport No. | ntry of origin (1 | ndia/Name of | other country) | | | | | |

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/e-KYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account as I am an Aadhar verified employee in my previous PF Account.*
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

| Date: Place: | | | | | Signature of Member | | | | | |
|-----------------|--|-------------------------|---|------------------------------------|--|--|--|--|--|--|
| | | | DECLARATION | BY PRESENT EMPLOYER | | | | | | |
| A. | The men | mber Mr/Ms/Mrs | | has joined on | and has been | | | | | |
| | allotted | PF No | | and UAN | | | | | | |
| B. | In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995: | | | | | | | | | |
| | • F | Please Tick the Appro | priate Option: | | | | | | | |
| | | The VVC details | of the above member in t | ho IIAN databasa | | | | | | |
| | . 🖸 | Have not been uplo | | ne UAN database | | | | | | |
| | | Have been uploaded | | | | | | | | |
| | | | d and approved with DS | C/e-sign. | | | | | | |
| C. | In case t | he person was earlier a | a member of EPF Schem | e, 1952 and EPS, 1995: | | | | | | |
| | | Please Tick the Appr | | | | | | | | |
| | | | of the above member in sfer request has been ger | | pproved with E-sign/Digital Signatur | | | | | |
| | | The previous Accor | unt of the member is not | Aadhar verified and hence physical | transfer form shall be initiated. | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Date: | | | | Signature of Employer with Seal of Establishment | | | | | |

^{*}Auto transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Form-13) for transfer of account from the previous establishment.