# 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: MR. Aniket Bhuse
- Date of Birth: 02-MAY-1998
- 3) FATHER'S/ HUSBAND'S NAME: MR. Bharat
- 4) RELATIONSHIP IN RESPECT OF (3) ABOVE: Father
- 5) GENDER: Male
- 6) MOBILE NUMBER: **7875144052** (IF ANY)
- 7) EMAIL ID (IF ANY): aniketbhuse21@gmail.com
- 8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952? (PLEASE TICK)

| YES | NO |
|-----|----|
|     |    |

WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?
 (PLEASE TICK)

| YES | NO |
|-----|----|
|     |    |

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. Previo                 |                 |                |         | DUNT <b>N</b> UMBE         | er (UA | ιN) or pre       | :vious F | РЕ МЕМЕ | BER ID:   |         |                |        |          |
|---------------------------|-----------------|----------------|---------|----------------------------|--------|------------------|----------|---------|-----------|---------|----------------|--------|----------|
| UAN                       |                 |                |         |                            |        |                  |          |         |           |         |                |        | <u> </u> |
| OR PREVIOUS PF MEMBER ID  |                 | REGION CODE C  |         | OFFICE C                   | ODE    | ESTABLISHMENT ID |          |         | EXTENSION |         | ACCOUNT NUMBER |        |          |
| 11) DATE OF<br>MEMBER     |                 | PREVIOUMM/YYYY |         | D                          |        | D M              |          | M       | Y         | Y       | Y              | Y      |          |
| 12) (A) IF S<br>(B) IF P  |                 |                |         | EOR PREVIOU<br>O) ISSUED F |        |                  |          |         |           |         |                | _ ·    |          |
| B. OTHER D                | ETAILS          |                |         |                            |        |                  |          |         |           |         |                |        |          |
| 13) INTERNA               | ATIONAL         | Worker: 1      | NO      |                            |        |                  |          |         |           |         |                |        |          |
|                           |                 |                |         |                            |        |                  |          |         |           |         |                |        |          |
| 13(в)                     | India<br>Passpo | RT NUMBER      | OTH NAM | Tick) ER THAN INC          | DUNTR  |                  | SE MENT  | TION    |           |         |                |        |          |
| 14) Educatioi             | NAL TIL         | ITERATE        | Non- MA | AT MATRIC                  | SENI   | IOR              | GRA      | ADUATE  |           | Post    | DOCTOR         | TECHNI |          |
| QUALIFICAT<br>(PLEASE TIC | ION             |                | RIC     |                            |        | ONDARY           |          |         | Gı        | RADUATE |                | PROFE  | SSIONAL  |
| (PLEASE TIC               | ,K)             |                |         |                            |        |                  |          |         |           |         |                |        |          |
| 15) MARITAL S             | TATUS :         | Unmarried      |         |                            |        |                  |          |         |           |         |                |        |          |
| 16) SPECIALLY             | ' ABLED         |                | YES     |                            |        | No               |          |         |           |         |                |        |          |
| (PLEASE TICK)             |                 |                |         |                            |        |                  |          |         |           |         |                |        |          |
|                           | ſ               |                | IF YES  | , TICK THE C               | CATEG  | ORY              |          |         |           |         |                |        |          |

HEARING

VISUAL

LOCOMOTIVE

#### 17) KYC DETAILS

| KYC DOCUMENT TYPE | NAME AS ON KYC | Number       | REMARKS, IF ANY |  |  |
|-------------------|----------------|--------------|-----------------|--|--|
|                   | DOCUMENT       |              |                 |  |  |
| BANK ACCOUNT-1*   |                |              |                 |  |  |
| NPR/AADHAAR       |                | 244348710903 |                 |  |  |
| PERMANENT ACCOUNT |                | FKEPB1972B   |                 |  |  |
| NUMBER (PAN)      |                |              |                 |  |  |
| PASSPORT          |                |              |                 |  |  |
| DRIVING LICENCE   |                |              |                 |  |  |
| ELECTION CARD     |                |              |                 |  |  |
| RATION CARD       |                |              |                 |  |  |
| ESIC CARD         |                |              |                 |  |  |

<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.

#### C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. B. IN CASE, EARLIE R 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 SIGNAT URE CERTIFICATE).
- (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE: 06-OCT-21 PLACE: Pune

**SIGNATURE OF MEMBER** 

### **DECLARATION BY PRESENT EMPLOYER**

- A. THE MEMBER MR. Aniket Bhuse HAS JOINED ON 30-SEP-2021 AND HAS BEEN ALLOTTED PF MEMBER ID MH/3980/64500.
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:
- (Post allotment of UAN) The UAN allotted for the member is \_\_\_\_\_\_.
- PLEASE TICK THE APPROPRIATE OPTION:

THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE

- HAVE NOT BEEN UPLOADED
- HAVE BEEN UPLOADED BUT NOT APPROVED
- Have been uploaded and approved 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 MEMBE R ID AS DECLARED BY MEMBER.
- PLEASE TICK THE APPROPRIATE OPTION:-
- O 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.
  - O 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: For ZENSAR TECHNOLOGIES LTD