

Employee No. _____

(Mandatory)

New Form NO.-11-Declaration Form
(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.	Name of the member	< Name of the employee >
2.	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	< Father's name or Husband Name >
3.	Date of Birth: (DD / MM / YYYY)	< Employee Date of Birth >
4.	Gender: (Male/Female/Transgender)	< Employee Gender >
5.	Marital Status: (Married/Unmarried/Widow/Widower/Divorce)	< Employee Marital Status >
6.	(a) Email ID: (b) Mobile No.	< Employee Mail ID and Mobile No is Mandatory >
7.	Whether earlier a member of Employees' Provident Fund Scheme, 1952	<Please tick the appropriate field as YES/NO>
8.	Whether earlier a member of Employees' Pension Scheme, 1995	<Please tick the appropriate field as YES/NO>
9.	Previous employment details: [if Yes to 7 AND / OR 8 above]	< This is required to be filled Incase mentioned as Yes in Col.No 7&8>
	a) Universal Account Number:	< This is required to be filled Incase mentioned as Yes in Col.No 7&8>
	b) Previous PF Account Number:	< This is required to be filled Incase mentioned as Yes in Col.No 7&8>
	c) Date of exit from previous employment: (DD / MM / YYYY)	< This is required to be filled Incase mentioned as Yes in Col.No 7&8>
	d) Scheme Certificate No. (if issued)	< This is required to be filled Incase mentioned as Yes in Col.No 7&8>
10.	e) Pension Payment Order (PPO) No. (if issued)	< This is required to be filled Incase mentioned as Yes in Col.No 7&8>
	a) International Worker:	<This is required to be filled incase employee is holding passport other than India >
	b) IF yes, state country of origin (India/Name of other country)	<This is required to be filled incase employee is holding passport other than India >
	c) Passport No.	<This is required to be filled incase employee is holding passport other than India >
11.	d) Validity of passport [(DD / MM / YYYY) to (DD / MM / YYYY)	<This is required to be filled incase employee is holding passport other than India >
	KYC Details: (attach self-attested copies of following KYCs)	
	a) Bank Account No. & IFS Code	< Self attested document is required, incase mentioned as Yes in Col.No 7&8>
	b) AADHAR Number	< Self attested AADHAR copy to be enclosed and its Mandatory >
	c) Permanent Account Number (PAN), if available	< Self attested document is required, incase mentioned as Yes in Col.No 7&8>

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/eKYC 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. (The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date : < Date >

Place : < Place >

< Employee Signature >

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr./Ms./Mrs. has joined on and has been allotted PF Number
- 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 PF Account number/UAN 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 Seal of Establishment