



Composite Declaration Form Form -11

(To be retained by the Employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANIZATION

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &

Employees' Pension Scheme, 1995 (Paragraph 24)

www.epfindia.com

(Declaration by a person taking up employment in an establishment on which EPFS 1952 and/or EPS 1995 is applicable)

1	Name of the Member (Should be as per updated Aadhaar. Please check e-aadhaar copy to know details in updated Aadhaar)	ASRAR FAROOQ BHAT
2	Fathers' Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/>	FAROOQ AHMAD BHAT
3	Date of Birth (DD/MM/YYYY) (Should be as per updated Aadhaar. Please check e-aadhaar copy to know details in updated Aadhaar)	28/03/1999
4	Gender: (Male/Female/Transgender)	Male
5	Marital Status (Married/Unmarried/Widow/Widower/Divorcee)	Unmarried
6	(a) Email Id: (b) Mobile No.:	asrarpsi@gmail.com 9682690657
7	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)	22/08/2022
8	KYC Details (attach self attested copies of following KYCs) a) Bank Account No.: b) IFS Code of the branch: c) AADHAAR Number: d) Permanent Account No. (PAN)	0591040100004546 JAKAOSHERRI 4437 2293 5837 CYJPB8369N
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952? (Select Yes or No, if you already have PF account with your previous employer select Yes. Please be cautious, Updating incorrect details will leads to compliance issue)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10	Whether earlier a member of Employees' Pension Scheme, 1995? (Select Yes or No, if you already have Pension account with your previous employer select Yes)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Previous employment details [If Yes to 9 &/or 10 above] - Un-exempted (Update details, if you select Yes for sl.no. 9)								
11	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

Previous employment details [If Yes to 9 &/or 10 above] - For Exempted Trusts							
12	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)	Non Contributory Period (NCP) Days

13	a) International Worker: (Select Yes or No. Select Yes, If you are a foreign passport holder or having other than Indian Nationality/Citizenship or an OCI card holder (Overseas Citizen of India))	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	b) If yes, state country of origin (India/Name of other country)		
	c) Passport No.	R2364000	
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	From <div>20/07/2017</div>	To <div>19/07/2027</div>

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhaar 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 PF Account as I am an Aadhaar 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:

22-08-2022
Bangalore


Signature of the Member

DECLARATION BY PRESENT EMPLOYER

A. The member Mr./Ms./Mrs. _____ has joined on _____
and has been allotted PF Number _____ and UAN _____

B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:

• **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.e-sign

C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:

• **Please Tick the Appropriate Option:**

☐

The KYC details of the above member in the UAN database have been approved with E-sign/Digital Signature Certificate and transfer request has been generated on portal.

☐

The previous Account of the member is not Aadhaar 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 Aadhaar verified employees only. Other employees to fill physical claim (Form-13) for transfer of account from previous establishment.