Form No. 11 (New)- Declaration Form

*(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)

(DeclarationbyapersontakingupemploymentinanyestablishmentonwhichEPFScheme,1952and/orEPS,1995isapplicable)

|  |  |  |
| --- | --- | --- |
| 1 | **Name of the member** | CHINNIKRISHNA DARAPUREDDY |
| 2 | Father’s Name ( ) Spouse’s Name (✓)  (Please tick whichever is applicable) | PRASANTHI DARAPUREDDY |
| 3 | Date of Birth: ( DD/MM/YYYY ) | 07/03/1982 |
| 4 | Gender: ( Male/Female/Transgender ) | Male |
| 5 | Marital status: (Married/Unmarried/Widower/Divorcee) | Married |
| 6 | (a) Email ID: | [Chinnikrishna.darapureddy@gmail.com](mailto:Chinnikrishna.darapureddy@gmail.com) |
| (b) Mobile No: | 9494872123 |
| 7 | Whether earlier a member of Employees’ Provident Fund Scheme, 1952 |  |
| 8 | Whether earlier a member of Employees’ Pension Scheme, 1995 |  |
| 9 | **Previous employment details: [if Yes to 7 AND/OR 8 above]** |  |
| a) Universal Account Number: | 100817078597 |
| b) Previous PF Account Number: |  |
| c) Date of exit from previous employment: (DD/MM/YYYY) |  |
| d) Scheme Certificate No. (if issued) |  |
| e) Pension Payment Order (PPO) No. (if issued) |  |
| f) Date of Joining with Previous employment: (DD/MM/YYYY) |  |
| 10 | a) International Worker : |  |
| b) If Yes, state country of origin (India/Name of other country) |  |
| c) Passport No. | U8547862 |
| d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)] | 04/01/2021 to 03/01/2031 |
| 11 | **KYC Details:** (attach self attested copies of following KYCs) |  |
| a) Bank Account No. & IFS Code | 247501504477 & ICIC0002475 |
| b) AADHAR Number | 872527675299 |
| c) Permanent Account Number (PAN), if available | AMMPD0663Q |

# UNDERTAKING

1. Certified that the particulars are true to the best of myknowledge.
2. I authorize EPFO to use my Aadhar for verification/authentication/Ekyc purpose for servicedelivery.
3. Kindlytransferthefundsandservicedetails,ifapplicable,fromthepreviousPFaccountasdeclaredabovetothepresentP.F.Account.

(ThetransferwouldbepossibleonlyiftheidentifiedKYCdetailapprovedbypreviousemployerhasbeenverifiedbypresentemployerusinghis(DigitalSignatureCertificate)

1. Incaseofchangesinabovedetails,thesamewillbeintimatedtoemployerattheearliest

**Date:**

**Place:** **Signature ofMember**

**DECLARATION BY PRESENT EMPLOYER**

1. ThememberMr./Ms./Ms hasjoinedon andhasbeenallottedPFnumber
2. IncasethepersonwasearliernotamemberofEPFScheme,1952andEPS,1995:

# (PostallotmentofUAN)TheUANallottedforthememberis

* + **PleaseTicktheAppropriateOption:**

The KYC details of the above member in the UAN database

* + - Have not beenuploaded
    - Havebeenuploadedbutnotapproved
    - HavebeenuploadedandapprovedwithDSC

1. IncasethepersonwasearlieramemberofEPFScheme,1952andEPS,1995::
   * TheabovePFaccountnumber/UANofthememberasmentionedin(A)abovehasbeentaggedwithhis/herUAN/previousmemberIDasdeclaredbymember.
   * Please Tick the AppropriateOption:
     + TheKYCdetailsoftheabovememberintheUANdatabasehavebeenapprovedwithDigitalSignatureCertificateandtransferrequesthasbeengeneratedonportal
     + AstheDSCofestablishmentarenotregisteredwithEPFO,thememberhasbeeninformedtofilephysicalclaim(Form-13)fortransferoffundsfromhisprevious establishment

Date: **SignatureofEmployerwithSealofEstablishment**