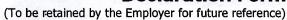
Form No. 11 (New) Declaration Form





Employees' Provident Fund Organization

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)

THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

NAME (TITLE)												S APPLIC	ABLE.				
		(PL	.EASI	E GO	THE	ROUGH	1 TE	IE I	NSI	RU	CTIC	ONS)					
		D	1 1	A	N	(Н	н	A	В	R	A		101			
MR. Ms. M	RS.			1				1	1	0				1		- Barrier	_
(PLEASE TICK)	$\dashv \vdash \vdash$					48			V								_
(== == , == , ,	ш									1000 1000			Ш				_
DATE OF BIRTH		D	D	M	I	4 Y	T	1	Y	Y		b.					
	3.72	0	8	0		3 2	. 0	,	0	0							
		U	10	10	-	5 2	1										
FATHER'S/	IR. S	A	T	15	H	K	V	M	A	R							
HUSBAND'S NAME		100				7	X	301			-						
	A 7		\top	Y	A										1 -1	100	_
				1			-										_
RELATIONSHIP IN RESPEC	Γ OF (3) AI	30VE		FAT	HER			HUSE	BAND		7						
(PLEASE TICK)				- 40	_		-				1						
(1 LEF BE 17 SKy				V	7		-	-	-								
GENDER	A		MALE			FEMALE		TR/	NSGI	ENDE	R.						
(PLEASE TICK)			/		793	132											
	1						_				_						
		_															
MOBILE NUMBER	4	100	0	All I	-		- 1			_							
MOBILE NUMBER (IF ANY)	9 5	5	9		2	7		3		8		0	3	8			
(IF ANY)	9 E	5	9		2	<u> </u> 7		3		8		0	3	8			
	9 E	5 :4	9 p	a		17 n		3	h	8	h	0 a	3 6	8	a	@	
(IF ANY)	di		9 P	a			-	3	h	8	1	a			a	<u>a</u>	
(IF ANY)	di	n	Pa	a				3	h	8	h				a	@	
(IF ANY) EMAIL ID (IF ANY)	d i	n			i	n			h	7	0	a			a	@	
(IF ANY)	d i	M THE E	EMPLO		i	n	UND		h	7	0	a			a	@	

IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11&12):