



## 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 (TITLE)  YOUR FULL NAME

MR. MS. MRS.

(PLEASE TICK)

2) DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

DOB as per Aadhaar.

3) FATHER'S/ HUSBAND'S NAME  MR. FATHER'S NAME AS PER PAN OR HUSBAND NAME AS PER PAN

4) RELATIONSHIP IN RESPECT OF (3) ABOVE

FATHER	HUSBAND

TICK the above mentioned relationship.

5) GENDER (PLEASE TICK)

MALE	FEMALE	TRANSGENDER

Your Gender:

6) MOBILE NUMBER (IF ANY)  Your Mobile Number

7) EMAIL ID (IF ANY)  Your Email address. (personal email id)

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?  YES  NO  NO

IF you have a PF No. in your previous organization then tick 'yes' else 'no'

9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?  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):

If you have a Pension Account number in your previous organization then tick "yes" else "no"

A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

UAN  
OR

You UAN with your previous organization

PREVIOUS PF MEMBER ID

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER
your previous or last PF Account Number				

11) DATE OF EXIT FOR PREVIOUS  
MEMBER ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
Date of which you have left the previous organization							

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER: BLANK  
(B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER: BLANK.

B. OTHER DETAILS

13) INTERNATIONAL WORKER  
(PLEASE TICK)

YES	NO
BLANK	

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):

INDIA	OTHER THAN INDIA (If YES, PLEASE MENTION NAME OF THE COUNTRY)
BLANK	

13(B) PASSPORT NUMBER

13(C) PASSPORT VALID FROM

To	D	D	M	M	Y	Y	Y	Y
	BLANK							
	D	D	M	M	Y	Y	Y	Y
BLANK								

14) EDUCATIONAL  
QUALIFICATION  
(PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/ PROFESSIONAL
Tick your latest educational qualification							

15) MARITAL STATUS  
(PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE
Your Marital Status			

16) SPECIALLY ABLED  
(PLEASE TICK)

YES	NO

If YES, Tick the Category		
LOCOMOTIVE	VISUAL	HEARING



KYC ( Address , PAN, BANK) are mandatory .

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*	Any of your Bank Account details.		
NPR/AADHAAR			
PERMANENT ACCOUNT NUMBER (PAN)			
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
RATION CARD			
ESIC CARD			

\* **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, EARLIER 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 SIGNATURE CERTIFICATE).
- (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

Your Signature

DATE: Today's Date  
PLACE: Place of work

DECLARATION BY PRESENT EMPLOYER

SIGNATURE OF MEMBER

- A. THE MEMBER Mr./Ms./M/s. .... HAS JOINED ON ..... AND HAS BEEN ALLOTTED PF MEMBER ID .....
- 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 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 WITH SEAL OF ESTABLISHMENT

Attested / certify By your Current Employer ( Nagarro )

# FORM 'F'

[See sub-rule (1) of rule 6]

## Nomination

To  
Nagarro Software Private Limited  
Plot No. 36, Electronic City, Sector-18  
Gurgaon , Haryana

1. Shri/Shrimati/Kumari ..... whose particulars are given in the statement below,  
[Name in full here]

hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.

4.  
(a) My father/mother/parents is/are not dependent on me.

(b) my husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the to the Controlling Authority in terms of the proviso to clause (h) of section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

## Nominee(s)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1. <u>Your Nominee</u>	<u>Your Relation</u>	<u>Age of</u>	<u>Proportion of</u>
2. <u>Name &amp;</u>	<u>with Nominee</u>	<u>Nominee</u>	<u>gratuity to</u>
3. <u>Address</u>			<u>be shared.</u>
so on.			

## Statement

- Name of employee in full. Your Full Name
- Sex. Gender
- Religion. Your Religion
- Whether unmarried/married/widow/widower. Your Marital status
- Department/Branch/Section where employed. Your Department in organization
- Post held with Ticket or Serial No., if any. Your Post in organization
- Date of appointment. Date of Joining in Nagarro.
- Permanent address. Your permanent Address.

Village ..... Thana ..... Sub-division ..... Post Office .....

District ..... State.....

Place *Your Place*  
Date *Today's Date*

*Your Signature*  
Signature/Thumb impression  
of the employee

*Declaration by witnesses*

Nomination signed/thumb impressed before me.

*Signature of your witness.*

Name in full and full  
address of witnesses.

Signature of witnesses.

1. *Name & Address*
2. *of your witnesses*

- 1.
- 2.

Place

Date *Today's Date*

*Certificate by the employer*

*(Certify By Ngeawo).*

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

*Attested / Certify By your current*

Signature of the employer/  
officer authorised

Date

*employee.*  
*(leave it blank)*

Designation

Name and address of the  
establishment or rubber stamp  
thereof.

*Acknowledgement by the employee*

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date *Today's Date*

Signature of the employee

*Your Signature.*



NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Schemes  
(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees Pension Scheme 1995)

1. Name (IN BLOCK LETTERS): YOUR FULL NAME      Name      Father's / Husband's Name      Surname
2. Date of Birth: DD/MM/YYYY      3. Account No. YOUR BANK ACCOUNT NUMBER.
4. \* Sex : MALE/FEMALE: GENDER      5. Marital Status YOUR MARITAL STATUS
6. Address Permanent / Temporary : YOUR ADDRESS

PART - A (EPF)

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employees Provident Fund, in the event of my death.

Name of the Nominee (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
Full Name of Nominee	Address	Nominee's Relation with you	Nominee DOB	Proportion of PF to be shared.	

1. \*Certified that I have no family as defined in para 2 (g) of the Employees Provident Fund Scheme 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.
2. \* Certified that my father/mother is/are dependent upon me.

Strike out whichever is not applicable.

Your Signature.

Signature/or thumb impression of the subscriber

PART - (EPS)  
Para 18

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow/Children Pension in the event of my premature death in service.

Sl. No	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)
	Name & Address of Nominee	Age of Nominee	Relation with you.

Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2 (a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

Name and Address of the nominee	Date of Birth	Relationship with member

Date Today's Date

Your Signature  
Signature or thumb impression  
of the subscriber

#### CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri / Smt / Miss \_\_\_\_\_ employed in my establishment after he/she has read the entries / the entries have been read over to him/her by me and got confirmed by him/her.

Attested / Certify By Your Current Employer.  
(~~Signature~~ Nagawano).

Date : \_\_\_\_\_  
Signature of the employer or other authorised officer of the establishment

Name & address of the Factory / Establishment  
Place :  
Date :

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (Paragraph-34)  
AND  
THE EMPLOYEES' FAMILY PENSION SCHEME, 1971, (Paragraph-19)

I, YOUR FULL NAME, S/o/W/o/Daughter of FATHER'S or HUSBAND'S NAME, do hereby solemnly declare that :-

(b) I was member of Employee Provident Fund and also/but not of the Pension Fund from DOJ to DOE and my account number (s) was/were UAN.

- Date ..... current date
- Signature or left hand thumb impression of the employee

Shri/Smt. .... is appointed as .....  
 (Name of Employee) (Designation)  
 in M/s ..... with effect from .....  
 (Name of the Factory/Establishment) (Date of appointment)

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