



**Composite Declaration Form -11**  
(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 (as per AADHAAR)			Isha Gupta				
2	Father's Name :	<input checked="" type="checkbox"/>		Vinay Kumar Gupta				
	Spouse's Name:	<input type="checkbox"/>						
3	Date of Birth: (DD/MM/YYYY)			01/12/1998				
4	Gender: (Male/Female/Transgender)			Female				
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)			Unmarried				
6	(a) Email ID:			isha01198@gmail.com				
	(b) Mobile Number:			7017212432				
7	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)			HashedIn by Deloitte 28/06/2021				
8	KYC Details: (attach self-attested copies of following KYCs) a) Bank account No b) IFS Code of the Bank c) AADHAAR Number d) Permanent Account Number (PAN), if applicable			10065844435 IDFB0021291 985083343674 BZIPG6960M				
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952			YES / NQ/				
10	Whether earlier a member of Employees' Pension Scheme, 1995			YES / NQ/				
11	<b>Previous employment details: (if yes to 9 and/or 10 above – Un-exempted)</b>							
	Establishment Name & Address	Universal Account Number (UAN)	EPF 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
12	<b>Previous employment details: (if Yes to 9 AND/OR 10 above) - For Exempted Trusts</b>							
	Name & Address of the Trust	UAN	Member EPS A/c 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			YES / NQ/				
	b) If yes, state country of origin (India/Name of other country)							
	c) Passport No.			L8044893				
	d) Validity of passport (DD/MM/YYYY) to (DD/MM/YYYY)			04/07/2014 - 03/07/2024				

### UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use AADHAAR for verification/authentication/e-KYC purpose for service delivery
- 3) Kindly transfer the funds and services details, if applicable, from the previous PF account as declared above to 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.

#### **(TICK ON THE BELOW OPTION WHICHEVER IS APPLICABLE)**

- ☐ I HAVE NOT WITHDRAWN THE EPF & EPS ACCUMULATED AMOUNT FROM MY PREVIOUS EMPLOYER(S) EPF ACCOUNT, HENCE WOULD LIKE TO TRANSFER THE SAME TO MY CURRENT EPF ACCOUNT.
- ☐ I HAVE ALREADY WITHDRAWN THE EPF & EPS ACCUMULATIONS FROM MY PREVIOUS EMPLOYER(S) EPF ACCOUNT NUMBER(S). I HEREBY DECLARE THAT THE ABOVE MENTIONED DETAILS ARE TRUE TO THE BEST OF MY KNOWLEDGE.
- ☐ PREVIOUSLY WORKING WITH AN ESTABLISHMENT, BUT NEVER CONTRIBUTED TOWARDS PROVIDENT FUND
- ☒ FIRST TIME EMPLOYMENT

Date: 29/06/2021  
Place: Bangalore

*Asha Gupta*  
Signature of Member

### **DECLARATION BY PRESENT EMPLOYER**

- A. The Member Mr. /Ms. / Mrs. .... has joined on ..... and has been allotted PF account number ..... and UAN .....
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS Scheme, 1995:

- **Please Tick the Appropriate Option**

The KYC details of the member in the UAN database

- ☐ HAVE NOT BEEN UPLOADED
- ☐ HAVE BEEN UPLOADED 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:

- **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