(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. 2.		
2.	Name of the member	MOHAMMED ABUL KALAM SHABAZ
	Fathers Name Spouse name (please tick whichever is applicable)	MANYAR MOHAMMED EJAZ
3.	Date of Birth (DD/MM/YYYY)	01/12/1990
4.	Gender: (Male/Female/Transgender)	Male
5.	Marital Status (Married/Unmarried/Widow/Widower/Divorcee)	Unmarried
6.	(a) Email ID: (b) Mobile No:	mak_powerful@yahoo.co.in 8801303155
7.	Whether earlier a member of Employees' Provident Fund scheme, 1952	Yes
8.	Whether earlier a member of Employee's Pension Scheme, 1995	Yes
9.	Previous employment details [if Yes to 7 AND/OR 8 above]	
	a) Universal Account Number:	100229175728
	b) Previous PF Account number:	KN/00/26749/000/0008669
	c) Date of exit from previous employment: (DD/MM/YYYY)	09-MAR-18
	d) Scheme Certificate no.(if issued)	
	e) Pension Payment Order (PPO) no. (if issued)	
10.	a) International Worker	No
	b) If Yes, state Country of origin (PPO) No. (if issued)	
	c) Passport No.	The state of the s
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	- I was a second of the second
11.	KYC Details: (attach self-attested copies of following KYCs)	
***	a) Bank Account No. & IFS Code	5202474553 / CITI0000006
	b) AADHAAR Number	397112616034
	b) resolution trainer	
	c) Permanent Account Number (PAN), if available	
	c) Permanent Account Number (PAN), if available UNDERTAKING	ELZPS2549E
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	Please Tick the Appropriate Option:-
1	The KYC details of the above member in the UAN database have been approved with Digital Signature Certificate and transfer request h
	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
	from his previous establishment.

Date: 21-03-2018

Signature of Employer with seal of Establishment