



### 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	MARAMAINA NARESH						
2.	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/>	Maramaina Narsaiah						
3.	Date of Birth: (DD/MM/YYYY)	01/07/1995						
4.	Gender: (Male/Female/Transgender)	Male						
5.	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	Unmarried						
6.	(a) Email ID: (b) Mobile No.:	nareshmaramaina@gmail.com 8142178855						
7.	<b>Present Employment Details:</b> Date of joining in the current establishment (DD/MM/YYYY)	27/11/2023						
8.	<b>KYC Details:</b> (attach self attested copies of following KYCs)							
	a) Bank Account No. :		50100421778117					
	b) IFSC Code of the branch:		HDFC0001554					
	c) AADHAR Number		325256736506					
9.	Whether earlier a member of Employees' Provident Fund Scheme, 1952		Yes					
	Whether earlier a member of Employees' Pension Scheme, 1995		Yes					
11.	<b>Previous employment details: [if yes to 9 AND/OR 10 above]- Un-exempted</b>							
	Establishment Name & Address	Universal Account Number	PF 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
	GLOBAL EDGE SOFTWARE LIMITED CAPGEMINI CAMPUS, 115/32 & 35, ISB Rd, Financial District, Nanakaramguda, Hyderabad-500032	101356240358	BGBNG00193350000015077	03/05/2021	24/11/2023			
12.	<b>Previous employment details: [if yes to 9 AND/OR 10 above]- For Exempted Trusts</b>							
	Name & Address of the trusts	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 :				No			
	b) If yes, state country of origin(India/Name of country)							
	c) Passport No.							
	d) Validity of Passport [DD/MM/YYYY] to (DD/MM/YYYY)							

### **UNDERTAKING**

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/KYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account.  
(The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date:

Place:

Signature of Member

### **DECLARATION BY PRESENT EMPLOYER**

- A. The member Mr. /Ms. /Mrs. .... has joined on ..... and has been allotted PF Number ..... and UAN .....
- B. In case the person was earlier not 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 not been uploaded
      - ☐ Have been uploaded but not approved
      - ☐ Have been uploaded and approved with DSC/e-sign.
- C. In case the person was earlier a member of EPF Scheme, 1952 and ESP Scheme, 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 Aadhar verified and hence physical transfer form shall be initiated.

Date:

Signature of Employer with Seal of  
Establishment

\* Auto transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Form-13) for transfer of account from the previous establishment.