



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	Raghul Muthu AC						
2	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/>	Chellamuthu A						
3	Date of Birth: (DD / MM / YYYY)	08/02/1992						
4	Gender: (Male/Female/Transgender)	Male						
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	Married						
6	(a) Email ID: (b) Mobile No.:	raghul081992@gmail.com 9940777096						
7	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)	27/01/2022						
8	KYC Details: (attach self attested copies of following KYCs)							
	a) Bank Account No. :	50100041310566						
	b) IFS Code of the branch:	HDFC0000010						
	c) AADHAR Number	868731473393						
	d) Permanent Account Number (PAN), if available	BUXPR4467E						
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes Yes / No						
10	Whether earlier a member of Employees' Pension Scheme, 1995	Yes Yes / No						
11	Previous employment details: [if Yes to 9 AND/OR 10 above] – Un-exempted							
	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
	CERNER HEALTH CARE SOLUTIONS I	100010336617	BGMRD1265481000001869	25.01.2021	25.01.2022			
12	Previous employment details: [if Yes to 9 AND/OR 10 above] – For Exempted Trusts							
	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:	No Yes / No						
	b) If yes, state country of origin (India/Name of other 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/e-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 as I am an Aadhar 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.

Date: Jan 19, 2022

Place: Bangalore

Raghul Muthu AC

Raghul Muthu AC (Jan 19, 2022 21:36 GMT+5.5)

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr/Ms/Mrs has joined on and has been allotted PF No. 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 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 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.