

Entity Deloitte Touche Tohmatsu India LL
Function Financial Advisory

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Composite Declaration Form -II
(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 | UNNAM RAM SAI KARTHIK | | | | | | |
| 2 | Fathers Name <input type="checkbox"/> Spouse Name <input type="checkbox"/> Father | UNNAM SESHACHALAM | | | | | | |
| 3 | Date of Birth (DD/MM/YYYY) | 03/03/1997 | | | | | | |
| 4 | Gender (Male/Female/Transgender) | Male | | | | | | |
| 5 | Marital Status (Married/Unmarried/Widow/Widower/Divorcee) | Unmarried | | | | | | |
| 6 | (a) Email ID (b) Mobile No | ramsai.karthik@gmail.com 9490386575 | | | | | | |
| 7 | Present employment details: Date of joining in the current establishment (DD/MM/YYYY) | | | | | | | |
| 8 | KYC Details: (attach self attested copies of following KYC's) | | | | | | | |
| | a) Bank Account No. : | 42111653467 | | SCBL0036088 | | | | |
| | b) IFS Code of the branch : | | | 826863956418 | | | | |
| | c) Aadhar Number | | | AFJPU5022N | | | | |
| 9 | Whether earlier a member of Employees' Provident Fund Scheme, 1952 | | Yes | | Yes/No | | | |
| 10 | Whether earlier a member of Employees' Pension Scheme, 1952 | | 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 |
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| 12 | Previous employment details : [if Yes to 9 AND/OR 10 above] – 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 | |
| | TATA CONSULTANCY SERVICES | | MH/BAN/48475/716 048 | 08/10/2018 | 26/07/2021 | | 0 | |
| | 9th Flr, Nirmal Bldg., Nariman point, Nariman Point, Mumbai - 400021 | 101373836574 | | | | | | |
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| 13 | a) International Worker: | | | No Yes/No | | | | |
| | b) If yes, state country of origin (India/Name of the Country) | | | | | | | |
| | c) Passport No. | | | S1059904 | | | | |
| | d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)] | | | 08/05/2018 To 07/05/2028 | | | | |

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: 30-Jul-2021

Place: Hyderabad


Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr/Ms/Mrs UNNAM RAM SAI KARTHIK has joined on _____ and has been allotted PF No _____ and UAN 101373836574
- 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 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 the portal.
 - ☐ The previous account of the member is not Aadhar verified and hence physical transfer form shall be initiated.

Date: _____

Signature of the 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 (Form-13) for transfer of account from the previous establishment.