

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)

Name & Address Account Number Number (DD/MM/ YYYY) Certificate No. (if issued) Previous employment details: if Yes to 9 AND/OR 10 above For Exempted Trusts Name & Address of the Trust UAN Member EPS A/c joining (DD/MM/ YYYY) No. (if Period (DD/MM/ YYYYY) No. (If Period (DD/MM/ YYYYY	Na	Name of the member				RISHU SUDHIR KUMAR JHA					
4 Gender: (Male/Female/Transgender) 5 Marital Status: (Married/Unmarried/Widow/Widower/Divorcee) 6 (a) Email ID: (b) Mobile No.: 7 Present employment details: Date of joining in the current establishment (DD/MM/YYYY) 13/07/2024 KYC Details: (attach self attested copies of following KYCs) a) Bank Account No.: 7 Date of joining in the current establishment (DD/MM/YYYY) 13/07/2024 KYC Details: (attach self attested copies of following KYCs) a) Bank Account No.: 7 Date of joining in the current establishment (DD/MM/YYYY) 13/07/2024 KYC Details: (attach self attested copies of following KYCs) a) Bank Account No.: 7 Date of joining (DD/MM/YYYY) Previous employment details: [if Yes to 9 AND/OR 10 above] — Un-exempted Previous employment details: [if Yes to 9 AND/OR 10 above] — Un-exempted Previous employment details: [if Yes to 9 AND/OR 10 above] — Un-exempted Previous employment details: [if Yes to 9 AND/OR 10 above] — Un-exempted Previous employment details: [if Yes to 9 AND/OR 10 above] — Un-exempted Previous employment details: [if Yes to 9 AND/OR 10 above] — Un-exempted Previous employment details: [if Yes to 9 AND/OR 10 above] — Un-exempted Previous employment details: [if Yes to 9 AND/OR 10 above] — Un-exempted Previous employment details: [if Yes to 9 AND/OR 10 above] — Un-exempted Previous employment details: [if Yes to 9 AND/OR 10 above] — Un-exempted Previous employment details: [if Yes to 9 AND/OR 10 above] — Un-exempted Previous employment details: [if Yes to 9 AND/OR 10 above] — For Exempted Trusts Name & Address of the Trust Name & Address of the Trust Universal Number Name & Address of the Trust Date of exit [OD/MM/YYYY] No. (if issued) Previous employment details: [OD/MM/YYYY] No. (if issued)						SUDH	SUDHIR KUMAR JHA				
4 Gender: (Male/Female/Transgender) 5 Marital Status: (Married/Unmarried/Widow/Widower/Divorcee) 6 Marital Status: (Married/Unmarried/Widow/Widower/Divorcee) 6 Marital Status: (Married/Unmarried/Widow/Widower/Divorcee) 7 Present employment details: 7 Date of joining in the current establishment (DD/MM/YYYY) 8 Marital Status: (attach self attested copies of following KYCs) 9 Bank Account No.: 8 Marital Status: (attach self attested copies of following KYCs) 9 Marital Status: (attach self attested copies of following KYCs) 13 / 07 / 2024 KYC Details: (attach self attested copies of following KYCs) 19 PS Code of the branch: 10 Marital Status: (attach self attested copies of following KYCs) 10 Marital Status: (attach self attested copies of following KYCs) 10 Marital Status: (attach self attested copies of following KYCs) 10 Marital Status: (attach self attested copies of following KYCs) 11 Marital Status: (attach self attested copies of following KYCs) 12 Marital Status: (attach self attested copies of following KYCs) 13 / 07 / 2024 13 / 0	Da	Date of Birth: (DD / MM / YYYY)			13/0	13/07/2002					
(a) Email ID: (b) Mobile No.: Present employment details: Date of joining in the current establishment (DD/MM/YYYY) 13/07/2024 KYC Details: (attach self attested copies of following KYCs) a) Bank Account No.: b) IFS Code of the branch: c) AADHAR Number d) Permanent Account Number (PAN), if available Whether earlier a member of Employees' Provident Fund Scheme. 1952 Whether earlier a member of Employees' Pension Scheme. 1995 Previous employment details: [if Yes to 9 AND/OR 10 above] - Un-exempted Establishment Number Number Number Number Number Number No. (if issued) PFA Account Number Number Number Number Number No. (if issued)	Go	ender: (Male/Fema	le/Transgender)		A STREET OF THE PERSON NAMED IN COLUMN 2 ASSESSMENT OF THE PERSON NA					
Present employment details: Date of joining in the current establishment (DD/MM/YYYY) 13/07/2024	M	arital Status: (Marr	ried/Unmarried/	Widow/Widow	wer/Divorcee)	to and the commence of the Comment o					
Present employment details: Date of joining in the current establishment (DD/MM/YYYY) 13/07/2024						- 1	rishusjha@gmail.com				
RYC Details: (attach self attested copies of following KYCs) a) Bank Account No. :	Pr	Present employment details:			MM/YYYY)						
a) Bank Account No.: b) IFS Code of the branch: c) AADHAR Number d) Permanent Account Number (PAN), if available Whether earlier a member of Employees' Provident Fund Scheme, 1952 Whether earlier a member of Employees' Pension Scheme, 1995 Previous employment details: [if Yes to 9 AND/OR 10 above] - Un-exempted Establishment Number Number PF Account Number Number No. (if issued) No. (if issued) PPO Number No Contributed (DD/MM/YYYY) No. (if issued) Previous employment details: [if Yes to 9 AND/OR 10 above] - For Exempted Trusts Name & Address of the Trust Name & Address of											
c) AADHAR Number d) Pernranent Account Number (PAN), if available Whether earlier a member of Employees' Provident Fund Scheme, 1952 Whether earlier a member of Employees' Pension Scheme, 1995 Previous employment details: [if Yes to 9 AND/OR 10 above] - Un-exempted Establishment Name & Address Account Number (DD/MM/YYYY) Scheme (If issued) Contrib (No. (if issued) Perion (No. (if Per	a)	Bank Account N	lo.:			The state of the s					
d) Permanent Account Number (PAN), if available Whether earlier a member of Employees' Provident Fund Scheme, 1952 Whether earlier a member of Employees' Pension Scheme, 1995 Previous employment details: [if Yes to 9 AND/OR 10 above] — Un-exempted Establishment Name & Address Account Number Number Date of joining (DD/MM/ YYYY) Previous employment details: [if Yes to 9 AND/OR 10 above] — For Exempted Trusts Previous employment details: [if Yes to 9 AND/OR 10 above] — For Exempted Trusts Name & Address of the Trust UAN Member Date of Date of exit Scheme (NCP) Name & Address of the Trust UAN Member Date of Date of exit Scheme (DD/MM/ YYYY) No. (if Period VYYY) No. (if Period VYYY) No. (if Period VYYY) No. (if Period VYYY) issued Date of EPS A/c (DD/MM/ YYYY) No. (if Period VYYYY) issued Date of EPS A/C (DD/MM/ YYYY) issued Date of EXIT Scheme (DD/MM/ YYYY) issued Date	(c)	AADHAR Num	ber					537			
Whether earlier a member of Employees' Provident Fund Scheme, 1952 Whether earlier a member of Employees' Pension Scheme, 1995 Yes / No/		and the state of t		AN), if availab	ole						
Previous employment details: [if Yes to 9 AND/OR 10 above] - Un-exempted Establishment Name & Address		Whether earlier a member of Employees' Provident Fund Scheme,			0001		Yes / No				
Date of exit Scheme PPO Number								Yes / No			
Name & Address Account Number Number (DD/MM/ YYYY) Certificate No. (if issued) Previous employment details: if Yes to 9 AND/OR 10 above - For Exempted Trusts Name & Address of the Trust UAN Member Date of EPS A/c joining (DD/MM/ YYYY) No. (if Period (Number (DD/MM/ YYYY)) No. (if Period (Susued) Day (Susued) No. (if Period (Susued) Day (Susued) Day (Susued) No. (if Susued) No. (if Susu	Pr		nt details: [if]								
Previous employment details: if Yes to 9 AND/OR 10 above - For Exempted Trusts Name & Address of the Trust UAN Member Date of Date of exit Scheme No.			Account		(DD/MM/	(DD/MM/	Certificate No. (if	A CONTRACTOR OF THE PARTY OF TH	Non Contributory Period (NCP) Days		
Name & Address of the Trust UAN Member EPS A/c joining (DD/MM/ Certificate No. (if Period YYYY) No. (if Period Susued Day 100 No. (if Period Contribution No. (if No. (if Period Contribution No. (if		NA	-		_	-	-				
EPS A/c joining (DD/MM/ Certificate Contrib Number (DD/MM/ YYYY) No. (if Period (YYYY) issued Day	Pr	Previous employment details: [if Yes to 9 AND/OR 10 above] - For Exempted Trusts									
		Name & Addre	ess of the Trust	UAN	EPS A/c	joining (DD/MM/	(DD/MM/	Certificate No. (if	Non Contributory Period (NCP) Days		
NA		NA			-	-	_	-			
a) International Worker:	2)	International Worker:				Yes/No					
	b)	b) If yes, state country of origin (India/Name of other country)									
3 b) If yes, state country of origin (India/Name of other country)	c)										
- County)		d) Validia of the Land of the									
	di	Validity of pages	or IODAA	WWW. 051	2010102222			A Property of			

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: 13 JULY, 2024

Place: PUNE

Signature of Member

DECLARATION BY PRESENT EMPLOYER

A.	The member Mr/Ms/Mrs	has joined on	and has been
	allotted PF No.	and UAN	***************************************
В.	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 mer Have not been uploaded Have been uploaded but not approv		
	Have been uploaded and approved		
C.	Certificate and transfer request has	n:- nember in the UAN database have been ap	
	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.