



**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)

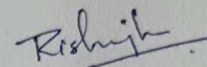
1	Name of the member	RISHU SUDHIR KUMAR JHA						
2	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/>	SUDHIR KUMAR JHA						
3	Date of Birth: ( DD / MM / YYYY )	13 / 07 / 2002						
4	Gender: (Male/Female/Transgender)	FEMALE						
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	UNMARRIED						
6	(a) Email ID: (b) Mobile No.:	rishusjha@gmail.com 7900183339						
7	<b>Present employment details:</b> Date of joining in the current establishment (DD/MM/YYYY)	13 / 07 / 2024						
8	<b>KYC Details:</b> (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	720402010000152 UBIN0572047 9000 4776 5537 CGUPJ1548N						
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No <input checked="" type="checkbox"/>						
10	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No <input checked="" type="checkbox"/>						
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
	NA	-	-	-	-	-	-	-
12	<b>Previous employment details: [if Yes to 9 AND/OR 10 above] – For Exempted Trusts</b>							
	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	
	NA	-	-	-	-	-	-	
13	<b>a) International Worker:</b>						Yes / No <input checked="" type="checkbox"/>	
	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: 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.....
- 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.