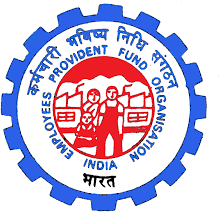
****

New Form: 11- Declaration Form

(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 (as per Aadhar) | SOURAV JAI SINGH |
| 2 | Father’s Name ✓ Spouse’s Name  (Please tik whichever is applicable) | HARISH JAI SINGH |
| 3 | Date of Birth (DD/MM/YYYY) | 28/09/1998 |
| 4 | Gender (Male/Female/Transgender) | Male |
| 5 | Marital Status? (Married/Unmarried/Widow/Widower/Divorcee) | Unmarried |
| 6 | 1. Email ID | souravjaisingh@gmail.com |
| 1. Mobile No (Aadhar Registered) | 9728868875 |
| 7 | Whether earlier a member of Employees ‘provident Fund Scheme, 1952 | Yes |
| 8 | Whether earlier a member of Employees ‘Pension Scheme, 1995 | Yes |
| 9 | **Previous Employment Details? (If 7 & 8 details above)**   1. Universal Account Number (UAN) | 101129129052 |
| 1. Previous PF Account Number | PYKRP2265124/0000014311 |
| 1. Date of Exit from Previous Employment? (dd/mm/yyyy) | 13/08/2025 |
| 1. Scheme Certificate No. (if issued) |  |
| 1. Pension Payment Order (PPO) (if issued) |  |
| 10 | 1. International Worker | NO |
| 1. If yes, State Country of origin (name of other Country) |  |
| 1. Passport No. |  |
| 1. Validity of passport (dd/mm/yyyy) to (dd/mm/yyyy) |  |
| 11 | **KYC Details:** (attach Self attested copies of following KYCs) | |
| 1. Bank Account No. 2. IFSC code |  |
| 1. AADHAR Number (12 Digit) | 400292495010 |
| 1. Permanent Account Number (PAN), If available | INGPS3541M |

**UNDERTAKING**

1. Certified that the Particulars are true to the best of my Knowledge
2. I authorize EPFO to use my Aadhar for verification / 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. (The transfer would be possible only if the identified KYC details approved by previous employer has been verified by present employer using his Digital Signature)
4. In case of changes in above details, the same will be intimated to employer at the earliest

Date: 9/9/2025 A close-up of a signature

AI-generated content may be incorrect.

Place: Gurugram Signature of Member

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 12 | First EPF Member Enrolled Date | First Employment EPF Wages | Are you EPF Member before **01/09/2014** | If **Yes, EPF** Amount Withdrawn? | If Yes, **EPS (Pension)** Amount Withdrawn? | After Sep 2014 earned **EPS (Pension)** Amount Withdrawn before joining current Employer? |
| 11-JAN-2021 |  | No | No | No | No |

**DECLARATION BY PRESENT EMPLOYER**

1. The member Mr./Ms./Mrs …………………………………………………... has joined on …………………….…. and has been allotted PF Number ……………………………….
2. In case person was earlier not a member of EPF Scheme ,1952 and EPS,1995: (Post allotment of UAN). The UAN allotted or the member is)

Pease 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

1. In case the person was earlier a member of EPF Scheme ,1952 and EPS, 1995;

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

As the DSC of establishment are not registered with EPFO, the member has been informed to file physical claim (Form-13) for transfer of funds from his previous establishment.

Date: Signature of Employer With seal of Establishment

P**ayment of Gratuity (Central) Rules**

**FORM 'F'**

**See sub-rule (1) of Rule 6**

**Nomination**

To,

(Give here name or description of the establishment with full address)

I, Shri/Shrimati/Kumari SOURAV JAI SINGH

(Name in full here)

Whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.

(a) My father/mother/parents is/are not dependent on me.

(b) My husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the \_\_\_\_\_\_\_\_\_\_\_\_ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

**Nominee(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name in full with full address of nominee(s)**  **(1)** | | **Relationship with the employee**  **(2)** | **Age of nominee**  **(3)** | **Proportion by which the gratuity will be shared**  **(4)** |
| 1. | HARISH JAI SINGH | FATHER | 58 | 100 |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

## Statement

1. Name of employee in full \_\_\_\_\_\_SOURAV JAI SINGH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Sex \_\_\_\_\_\_\_\_MALE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Whether unmarried/married/widow/widower \_\_\_\_\_UNMARRIED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Department/Branch/Section where employed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Post held with Ticket No. or Serial No., if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Date of appointment \_\_\_\_\_\_\_9/9/2025\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Permanent address Hno. 1757, L/8, Guru teg bahadur nagar, Jagadhri work shop,

Village\_\_\_\_\_\_\_\_\_ \_ Thana \_\_\_\_\_\_\_\_\_\_ \_ Sub-division jagadhri work shop Post Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District \_yamunanagar\_\_\_\_\_\_\_ State \_\_\_haryana\_\_\_\_\_\_\_\_\_\_

A close-up of a signature

AI-generated content may be incorrect.

Place: Gurugram Signature/Thumb-impression of the

Date: 9/9/2025 Employee

**Declaration by Witnesses**

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses. Signature of Witnesses.

1. Harish Jai Singh, 1757, L/8, Guru teg bahadur nagar, Yamunanagar 1. A close up of a signature

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2. Nandini Jai Singh, 1757, L/8, Guru teg bahadur nagar, Yamunanagar 2. A close-up of a signature

AI-generated content may be incorrect.

Place: Gurugram

Date: 9/9/2025

# Certificate by the Employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the employer/Officer authorized

Designation

Date: Name and address of the establishment or rubber stamp thereof.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Acknowledgement by the Employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

A close-up of a signature

AI-generated content may be incorrect.

Date: 9/9/2025 Signature of the Employee

**Note.—**Strike out the words/paragraphs not applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | **Name of Person making nomination (in block letters)** | : | \_\_\_\_\_SOURAV JAI SINGH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | **Father’s / Husband’s name** | : | \_\_\_\_HARISH JAI SINGH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | **Date of Birth** | : | \_\_\_\_28/09/1998\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | **Sex** | : | \_\_\_\_\_MALE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | **Marital Status** | : | \_\_\_\_\_UNMARRIED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. | **Address**  Present:  Permanent  I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount (unpaid wages or any other legal dues) due to me from the employer, in the event of my death. | : | \_1031, SEC 46, GURUGRAM, HARYANA (122001)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1757, L/8, GURU TEG BAHADUR NAGAR, YAMUNANAGAR, HARYANA\_(135002)\_\_\_\_\_\_\_\_ |

**Payment of Wages (Nomination) Rules, 2009**

**FORM – I Nomination and Declaration Form**

**(See Rule 3)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Nominee/  nominees | Address | Nominee’s relationship with the member | Date of Birth | Total amount of share of accumulations in credit to be paid to each nominee | If the nominee is a minor, name and address of the guardian who may receive the amount during the minority of the nominee |
| 1 | 2 | 3 | 4 | 5 | 6 |
| HARISH JAI SINGH | 1757, L/8, GURU TEG BAHADUR NAGAR, YAMUNANAGAR, HARYANA | FATHER | 08/10/1966 | 100 |  |

1. Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.
2. \*Certified that my father/mother is/are dependent on me.
3. \*Strike out whichever is not applicable.

A close-up of a signature

AI-generated content may be incorrect.

**Signature or thumb impression of the employed person**

**CERTIFIED BY EMPLOYER**

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri./Smt./Kum employed in my establishment after he/she has read the entry/entries have been read over to him/her by me and got confirmed by him/her.

Place: Signature of the employer or other authorized

Date: Officer of the establishment and Designation

Name and Address of the Factory/

Establishment and rubber stamp thereof



(A) INSURED PERSON’S PARTICULARS

To be filled in by the employee after reading instructions overleaf. Two Postcard Size photographs are to be attached with this form. This form is free of cost.

**EMPLOYEES’ STATE INSURANCE CORPORATION**

**Form- 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 9. Employer’s Code  No. |  | | | |
| 10. Date of Appointment | Day | | Month | Year |
|  | |  |  |
| 11. Name & Address of the Employer | | | | |
| 12. In case of any previous employment please fill up the details as under:- | | | | |
| a) Previous Ins.No. | |  | | |
| b) Emplr’s Code No. | |  | | |
| C) Name & address of the Employer  E-mail address | | | | |

(B) EMPLOYER’S PARTICULARS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Insurance No. |  | | | | | |
| 2. Name  (in block letters) |  | | | | | |
| 3. Father’s/Husband’s  Name |  | | | | | |
| 4.Date of Birth | D | M | | Y | 5.Marital  Status | M/U/W |
|  |  |  | |  | 6. Sex | M/F |
| 7. Present Address | | | 8. Permanent Address | | | |
|  | | |  | | | |
| Pin Code …………………………… | | | Pin Code …………………………… | | | |
| Mobile number | | | E-mail address | | | |
| Branch Office | | | Dispensary | | | |

(C) Details of Nominee u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the event of death

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Address |
|  |  |  |

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the Corporation any changes in the membership of my family within 15 days of such change.

Counter signature by the employer Signature/T.I.of IP

Signature with Seal

(D) FAMILY PARTICULARS OF INSURED PERSON

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl.  No. | Name | Date of Birth/ Age as on date of  filling form | Relationship with the Employee | Whether residing with  Him/her? | | If’No’, state place of Residence | |
|  |  |  |  | Yes | No | Town | State |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |

ESI Corporation (Valid for 3 months from the date of appointment) Temporary Identity Card

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | | |  | **Space for Photograph** |
| **Ins. No** |  | **Date of Appointment** |  |
| **Branch Office** |  | **Dispensary** |  |
| **Employers Code No. & Address** |  | | |

Validity:

Dated: Signature/T.I. of I.P Signature of B.M. with Seal