



**Composite Declaration Form -11**  
(To be retained by the employer for future reference)  
**EMPLOYEES' PROVIDENT FUND ORGANIZATION**  
**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	Sheikh Mannan Shahid													
2	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	ABDUL RIZWAN													
3	Date of Birth:(dd/mm/yyyy)	01/11/1999													
4	Gender (Male/Female/Transgender):	Male													
5	Marital Status: (Single/Married/not married/Married)	Single													
6	(a) Email ID : (b) Mobile No :	7760088622													
7	<b>Present employment details:</b> Date of joining in the current establishment (dd/mm/yyyy)	05/07/2021													
8	<b>KYC Details:</b> (attached self attested copies of following KYCs)														
	a) Bank Account Number:	1202500101884301													
	b) IFS Code of the branch:	KARB0000120													
	c) AADHAR Number	9769 5609 3567													
	d) Permanent Account Number(PAN), if applicable														
9	Whether earlier a member of Employees' Provident Fund Scheme,1952?	No													
10	Whether earlier a member of Employees' Pension scheme,1995?	No													
11	<b>Previous employment details:[if Yes to 9 AND/OR 10 above]- Un-exempted</b>														
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Establishment Name &amp; Address</th> <th style="width: 15%;">Universal Account Number</th> <th style="width: 10%;">PF Account Number</th> <th style="width: 15%;">Date of Joining (dd/mm/yyyy)</th> <th style="width: 15%;">Date of Exit (dd/mm/yyyy)</th> <th style="width: 15%;">Scheme Certificate No.(If issued)</th> <th style="width: 15%;">PPO Number(If issued)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	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)							
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13	<b>a) International Worker</b>						No								
	b) If yes, state country of origin(India/Name of other country)														
	c) Passport No.														
	d) Validity of passport [From (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 :

Place :

Signature of Member

### **DECLARATION BY PRESENT EMPLOYER**

- A. The member Mr./Ms./Mrs.**Sheikh Mannan Shahid** has joined on 05/07/2021 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 but approved with DSC/e-sign.

- C. In case 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.



**EMPLOYEES' PROVIDENT FUND ORGANISATION  
NOMINATION AND DECLARATION FORM  
FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form under the Employees, Provident Funds & Employees, Pension Scheme  
(Paragraph 33 & 61 (1) of the Employees, Provident Fund Scheme, 1952 & Paragraph 18 of the  
Employees, Pension Scheme, 1995)

1	Name (in Block Letters) <b>Emp id</b> _____	SHEIKH MANNAN SHAHID	8	<b>Permanent Address</b> no.66, SK house, 1st main road, Ganganagr Extension, Bengaluru-560032 no.66, SK house, 1st main road, Ganganagr Extension, Bengaluru-560032 no.66, SK house, 1st main road, Ganganagr Extension, Bengaluru-560032 Bengaluru Karnataka India 560032
2	Father's/Husband's Name (in case of married Women)	ABDUL RIZWAN		
3	Date of Birth	01/11/1999		
4	Sex	Male	9	<b>Present Address</b> no.66, SK house, 1st main road, Ganganagr Extension, Bengaluru-560032 no.66, SK house, 1st main road, Ganganagr Extension, Bengaluru-560032 no.66, SK house, 1st main road, Ganganagr Extension, Bengaluru-560032 Bengaluru Karnataka India 560032
5	Marital Status	Single		
6	PF Account No			
7	Nationality			

**PART - A EPF (EMPLOYEES PROVIDENT FUND)**

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s), mentioned below receive the amount standing to my credit in the Employees, Provident Fund, in the event of my death:

Name of the Nominee/ Nominee's	Address	Date of birth	Nominee's Relationship With the Member	Total amount or share of accumulation in Provident Fund 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 nominee
1	2	3	4	5	6
ABDUL RIZWAN	no.66 SK house 1st main road Ganganagr Extension Bengaluru-560032 no.66 SK house	12/05/1969	Father	100	

- \*Certified that I have no family as defined in para2(g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.
- \*Certified that my father/mother is/are dependent upon me.

\*Strike out whichever is not applicable.

Signature/or thumb impression of the subscriber

**FOR OFFICE USE ONLY**

Dt. of Joining E.P.F.	/	/	20
Past Service	Year		
Dt. of Joining E.P.S.	/	/	20

ENTRIES VERIFIED		
D.A.	S.S.	A.A.O.

## **PART - B - EPS (EMPLOYEES' PENSION SCHEME)**

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children Pension in event of my death.

Sl No:	Name & address of the family member	Address	Date of birth	Relationship with member
1	2	3	4	5
1	<b>ABDUL RIZWAN</b>	no.66 SK house 1st main road Ganganagr Extension Bengluru-560032 no.66 SK house	12/05/1969	Father

1. \*\*Certified that I have no family, as defined in para 2(iv) of Employees' Pension Scheme. 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.
2. I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2(a) (i) & (ii) the event of my death without leaving any eligible family member for receiving pension.

Name & Address of the nominee	Date of Birth	Relationship with the member

Date : 07/07/2021

\*Strike out whichever is not applicable.

Signature/or thumb impression of the subscriber

### **CERTIFICATE BY EMPLOYER**

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

Date :07/07/2021

Signature of the Employer or other authorized Officers of the Establishment

Designation

Place :

Name & Address of the Factory/Establishment or Rubber stamp thereof.

# FORM F

[See sub-rule (1) of Rule 6]

## NOMINATION

To,  
**M/S. Rakuten India Enterprise Private Limited,**

1. I Shri/Shrimati/Kumari **Sheikh Mannan Shahid** 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 a/are 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.
4. (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 provision to clause (h) of Section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

## NOMINEE(S)

S.No.	Name in full with full address of Nominee(s)	Relationship with the employee	Age of Nominee	Proportion by which the gratuity will be shared
1.	ABDUL RIZWAN no.66, SK house, 1st main road, Ganganagr Extension, Bengluru-560032,no.66, SK house, 1st main road, Ganganagr Extension, Bengluru-560032,no.66, SK house, 1st main road, Ganganagr Extension, Bengluru-560032,Bangalore,Karnataka,India,560032	Father	52	100

## Statement

1. Name of employee in full : Sheikh Mannan Shahid
  2. Sex : Male
  3. Religion :
  4. Whether Unmarried/Married/Widow/Widower : Single
  5. Department / Branch / Section where employed : Data Platform Department
  6. Post held with Ticker No. or Serial No. if any :
  7. Date of appointment : 05/07/2021
  8. Permanent Address : no.66, SK house, 1st main road, Ganganagr Extension, Bengluru-560032 , no.66, SK house, 1st main road, Ganganagr Extension, Bengluru-560032 , no.66, SK house, 1st main road, Ganganagr Extension, Bengluru-560032, Bangalore , Karnataka , India-560032
- Village : \_\_\_\_\_ Thana : \_\_\_\_\_ Sub-division : \_\_\_\_\_

Post Office : \_\_\_\_\_ District : \_\_\_\_\_ State : \_\_\_\_\_

Place :  
Date :

Signature/Thumb impression  
of the employee

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**Declaration by witnesses**  
Nomination signed/thumb-impressed before me

Name in full and full  
address of witnesses

Signature of Witnesses

1)

1)

2)

2)

Place :  
Date :

**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.

for  
**Authorised Signatory**  
Signature of the employer /  
officer authorised  
Designation

**M/S. Rakuten India Enterprise Private Limited,**

Name and Address of the establishment or  
Rubber-stamp thereof

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**Acknowledgement by the employee**

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

Date :

Signature of employee

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Note: Strike out the words/paragraphs not applicable

## Definition for Family

### 9. "Family" in relation to an employee, shall be deemed to consist of

1. in the case of a male employee, himself, his wife, his children, whether married or un married, his dependent parents<sup>1</sup> and the dependent parents of his wife and the widow and children of his predeceased son, if any.
2. in the case of a female employee, herself husband, her children, whether married, or unmarried, her dependent parents and the dependent parents of her husband and the widow and children of her predeceased son, if any:

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1. Substituted for the words "and the widow" by Act No. 22 of 1987, s.2(ii)(a), w.e.f. 1-10-1978

## Employee Information Form (EIF)

**Instructions:** Please provide all the information requested in this form. Incomplete Candidate Information Forms will be returned for completion. All supporting documents must accompany this form. Attached Photocopies must be legible.

### PART A - PERSONAL DETAILS

Full Name (First/Middle/Last) :	MR. SHEIKH MANNAN SHAHID		
Surname :			
Father's Name :	ABDUL RIZWAN		
Date of Birth(DD/MM/YY) :	01/11/1999	Nationality :	
Land Line :		Mobile :	7760088622
Marital Status :	Single	Email ID :	

#### Change of Name if Applicable

Have you ever changed your name ? - **No**

Name change date :

Former Name/ Maiden Name	First Name	Middle Name	Last Name
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#### Present Address (Complete Postal Address Including the Door No, Street Name, Locality, City, Pin code & State)

Door No/Street :	no.66, SK house, 1st main road, Ganganagr Extension, Bengaluru-560032 , no.66, SK house, 1st main road, Ganganagr Extension, Bengaluru-560032 , no.66, SK house, 1st main road, Ganganagr Extension, Bengaluru-560032		
City :	Bangalore	State :	Karnataka
Landmark :	Allwin Public School	Postal Code :	560032
Contact No :		Mobile No :	7760088622
Police Station Name (Local Police Station name of your Area / jurisdiction) :			
From (Period of Stay) :	To (Period of Stay) :		

#### Permanent Address (Complete Postal Address Including the Door No, Street Name, Locality, City, Pin code & State)

Door No/Street :	no.66, SK house, 1st main road, Ganganagr Extension, Bengaluru-560032 , no.66, SK house, 1st main road, Ganganagr Extension, Bengaluru-560032 , no.66, SK house, 1st main road, Ganganagr Extension, Bengaluru-560032		
City :	Bangalore	State :	Karnataka
Landmark :		Postal Code :	560032
Contact No :		Mobile No :	7760088622
Police Station Name (Local Police Station name of your Area / jurisdiction):			
From (Period of Stay) :	To (Period of Stay) :		

**Note: Please attach a legible photo copy of any address Proof**



**PART B - EDUCATION DETAILS**

Education - 1 : <b>X</b>		
Name of the Institute/School/College : <b>Allwin Public School</b>		
Board/University : <b>Karnataka Secondary Educaion Examination Board</b>		Division/Class/% :
Duration of Study (specify month & year): -		Degree Obtained :
Qualification : <b>X</b>		Specialization :
Course Type :		Percentage : <b>93.00</b>
Student ID/Enrolment/Registration/Roll No :		Year of passing : <b>2015</b>
Address of Institute/School/College	Building No & Street :	
	City :	State :
	Pin :	Landline :

Education - 2 : <b>XII</b>		
Name of the Institute/School/College : <b>Reva Independent PU College</b>		
Board/University : <b>Department Of Pre-University Education (Government Of Karnataka)</b>		Division/Class/% :
Duration of Study (specify month & year): -		Degree Obtained :
Qualification : <b>XII</b>		Specialization :
Course Type :		Percentage : <b>91.00</b>
Student ID/Enrolment/Registration/Roll No :		Year of passing : <b>2017</b>
Address of Institute/School/College	Building No & Street :	
	City :	State :
	Pin :	Landline :

Education - 3 : <b>BE/BTECH</b>		
Name of the Institute/School/College : <b>university of visvesvaraya college of engineering</b>		
Board/University : <b>Banglore University</b>		Division/Class/% :
Duration of Study (specify month & year): -		Degree Obtained :
Qualification : <b>BE/BTECH</b>		Specialization :
Course Type :		Percentage : <b>78.00</b>
Student ID/Enrolment/Registration/Roll No :		Year of passing : <b>2021</b>

Address of Institute/School/College	Building No & Street :	
	City :	State :
	Pin :	Landline :

**Note: Please attach legible photo copies of the following documents relevant to the entries above.**

1) Mark sheets

2) Degree Certificate

3) Provisional Degree Certificate

## **PART C - PREVIOUS EMPLOYMENT DETAILS**

Name of Company - 1 :			
Company Address :			
Country :	State :	City :	Pin :
Landline :	Designation :	Reason for leaving :	Last drawn Salary :
Employee Id :		Employment Status :	
Start Date :		End Date :	
Supervisor's Name & Designation :		Supervisor's Number & Mail Id :	
Human Resource's Name & Designation :		Human Resource's Number & Mail Id :	

**Note: Please submit legible photo copies of the following documents relevant to the entries above.**

1) Appointment Letter

2) Salary Slip

3) Relieving Letter

## **PART D - DETAILS OF REFEREES**

Referee - 1	
Name of the Referee :	
Designation :	Email :
Contact Detail :	Phone :

## **PART E - MISCELLANEOUS**

Have you ever been convicted for felony or any serious crime?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>
Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Have you ever been 'Laid off' or Terminated from employment?

### **CERTIFICATION BY EMPLOYEE**

- I certify that the information provided in this form is true and correct to the best of my knowledge.
- I further certify that I have furnished the answers in Part 'F' on my own accord, free of any duress.
- I authorize " **Rakuten India Enterprise Private Limited** " or its agency to verify my credentials.
- I understand that if any information furnished by me is found to be false, I could be denied employment/be terminated.
- I will cooperate and facilitate the process of verification of my credentials.

**Date: July 7th, 2021**

**Place: Bangalore**

**Signature of candidate** \_\_\_\_\_