

**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 if applicable)**

1.	Name of member	Kavya Venkata Sai Suma Chunduri						
2.	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/>	Laxmi Sudhakar Chunduri						
3.	Date of Birth: (DD/MM/YYYY)	27/11/1996						
4.	Gender: (Male/Female/Transgender)	Female						
5.	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	Unmarried						
6.	(a) Email ID: (b) Mobile No:	kavya6841@gmail.com 8464972387						
7.	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)	27/09/2021						
8.	KYC Details: (attach self attested copies of following KYCs)							
	(a) Bank Account No. :	154701525410						
	(b) IFS Code of the branch:	ICIC0000002						
	(c) AADHAR Number	329969682078						
	(d) Permanent Account Number (PAN), if available	BVBPC8579H						
9.	Whether earlier a member of Employees' Provident Fund Scheme, 1952	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No						
10.	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / <input checked="" type="checkbox"/> 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
	CAPGEMINI TECHNOLOGY SERVICES INDIA LIMITED ACIS	101453387698	154701525410	16/05/2018	24/09/2021			0
12.	Previous employment details: [if Yes to 9 AND/OR 10 above]- For 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	
	CAPGEMINI TECHNOLOGY SERVICES INDIA LIMITED ACIS	101453387698	154701525410	16/05/2018	24/09/2021		0	
	(a) International Worker:			Yes / <input checked="" type="checkbox"/> No				

13.	(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)]	to

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/eKYC 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: 22/09/2021

Place: Gunrur, AP



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.