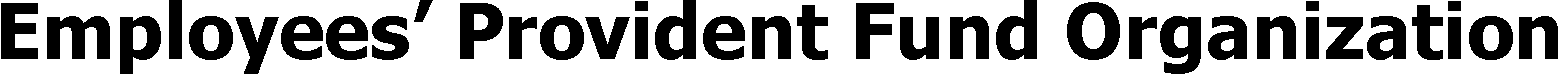
Form No. 11 (New)



Declaration Form

## (To be retained by the Employer for future reference)

THE EMPLOYEES PROVIDENT FUNDS SCHEME , **1952** (P ARAGRAPH -**34** & **57)**

&

THE EMPLOYEES PENSION SCHEME , **1995** (P ARAGRAPH -**24)**

DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEES PROVIDENT FUND SCHEME,

**1952** AND/OR EMPLOYEES PENSION SCHEME, **1995** IS APPLICABLE . (PLEASE GO THROUGH THE INSTRUCTIONS)

1. NAME (TITLE)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | U | T | K | A | R | S | H |  | P | R | A | T | A | P |  | S | I | N | G | H |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| MR. | MS. | MRS. |

(PLEASE TICK)

1. DATE OF BIRTH

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
| 0 | 9 | 1 | 2 | 2 | 0 | 0 | 2 |

1. FATHER S/ HUSBAND S NAME

MR.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S | A | N | D | E | E | P |  | K | U | M | A | R |  | S | I | N | G | H |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. RELATIONSHIP IN RESPECT OF (3) ABOVE

|  |  |
| --- | --- |
| FATHER | HUSBAND |
|  |  |

(PLEASE TICK)

1. GENDER

|  |  |  |
| --- | --- | --- |
| MALE | FEMALE | TRANSGENDER |
|  |  |  |

(PLEASE TICK)

1. MOBILE NUMBER (IF ANY)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 8 | 3 | 8 | 3 | 9 | 2 | 3 | 2 | 6 | 1 |

1. EMAIL ID (IF ANY)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| u | t | k | a | r | s | h | p | r | a | t | a | p | 0 |
| 9 | 1 | 2 | @ | g | m | a | i | l | . | c | o | m |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. WHETHER EARLIER A MEMBER OF THE EMPLOYEES PROVIDENT FUND SCHEME, 1952?

(PLEASE TICK)✔️

NO.✔️

YES

1. WHETHER EARLIER A MEMBER OF THE EMPLOYEES PENSION SCHEME, 1995? (PLEASE TICK)

NO

YES

I F RESPONSE TO ANY OR BOTH OF **( 8)** & **( 9 )** ABOVE IS YES , THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT ( **10** ,**11 & 12** ):

A. PREVIOUS EMPLOYMENT DETAILS

1. THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

## UAN

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |

OR

PREVIOUS PF MEMBER ID

11) DATE OF EXIT FOR PREVIOUS

MEMBER ID (DD/MM/YYYY)

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER:

(B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER:

B. OTHER DETAILS

13) INTERNATIONAL WORKER (PLEASE TICK)

I F THE REPLY TO **( 13 )** ABOVE IS YES , THEN ENTER THE DETAILS IN **13 (** A), **13 (** B) & **13 (** C):

13(A) COUNTRY OF ORIGIN (Please Tick)

13(B) PASSPORT NUMBER \_

13(C) PASSPORT VALID FROM

To

14) EDUCATIONAL QUALIFICATION

(PLEASE TICK)

15) MARITAL STATUS (PLEASE TICK)

16) SPECIALLY ABLED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| REGION CODE | OFFICE CODE | ESTABLISHMENT ID | EXTENSION | ACCOUNT NUMBER |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| YES | NO |
|  |  |

|  |  |
| --- | --- |
| INDIA | OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY) |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ILLITERATE | NON- MATRIC | MATRIC | SENIOR SECONDARY | GRADUATE | POST GRADUATE | DOCTOR | TECHNICAL/ PROFESSIONAL |
|  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| MARRIED | UNMARRIED | WIDOW/ WIDOWER | DIVORCEE |
|  |  |  |  |

(PLEASE TICK)

|  |  |
| --- | --- |
| YES | NO |
|  |  |

|  |  |  |
| --- | --- | --- |
| IF YES, TICK THE CATEGORY | | |
| LOCOMOTIVE | VISUAL | HEARING |
|  |  |  |

* 1. KYC DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| KYC DOCUMENT TYPE | NAME AS ON KYC DOCUMENT | NUMBER | REMARKS, IF ANY |
| BANK ACCOUNT-1\* | UTKARSH PRATAP SINGH | 50100184270912 | IFSC- HDFC0001671 CODE\* |
| NPR/AADHAAR | UTKARSH PRATAP SINGH | 929266944583 |  |
| PERMANENT ACCOUNT NUMBER (PAN) | UTKARSH PRATAP SINGH | OMOPS2580F |  |
| PASSPORT |  |  | EXPIRY DATE |
| DRIVING LICENCE |  |  | EXPIRY DATE |
| ELECTION CARD |  |  |  |
| RATION CARD |  |  |  |
| ESIC CARD |  |  |  |
| \* Mandatory Field (NOTE: BANK ACCOUNT NUMBER ( ALONG WITH IFSC CODE) IS MANDATORY . YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCS TO  AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM. | | | |

C. UNDERTAKING :

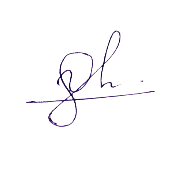
* + 1. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF . B. I N CASE, EARLIER A MEMBER OF EPF SCHEME, **1952** AND/OR EPS, **1995** ,

( I ) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.

A close-up of a signature

Description automatically generated( I I ) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS 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 CERTIFICATE ).

(I I I ) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL .

DATE: 12/06/24

PLACE : DELHI SIGNATURE OF MEMBER

# DECLARATION BY PRESENT EMPLOYER

1. THE MEMBER HAS JOINED ON AND HAS BEEN ALLOTTED PF MEMBER ID
2. IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:

(P OST ALLOTMENT OF UAN) THE UAN ALLOTTED FOR THE MEMBER IS

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

1. IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:

THE ABOVE MEMBER ID OF THE MEMBER AS MENTIONED IN (A) ABOVE HAS BEEN TAGGED WITH HIS/HER UAN/PREVIOUS MEMBER ID AS DECLARED BY MEMBER.

PLEASE TICK THE APPROPRIATE OPTION :-

THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE BEEN APPROVED WITH 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

