



## **Composite Declaration PF Form - 11**

(To be retained by the employer for future reference)

Employee Code: 181283 www.epfindia.gov.in

## 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 Aadhaar Card)	Varun Khurana				
	Father's Name	Suresh Khurana				
2	Spouse's Name (Please tick whichever is applicable)					
3	Date of Birth: (DD / MM / YYYY) (As Per Aadhaar Card)	te of Birth: (DD / MM / YYYY) (As Per Aadhaar Card) 20/09/1987				
4	Gender: (Male/Female/Transgender)	nder: (Male/Female/Transgender)  Male				
5	Marital Status:	Single				
	(Married/Unmarried/Widow/Widower/Divorcee)					
6	(a) Email ID :	v3khurana@gmail.com				
	(b) Mobile No :	9987618804				
7	Present employment details:	07/02/2022				
	Date of joining in the current establishment					
	(DD/MM/YYYY)					
	KYC Details: (attach self-attested copies of following					
	KYCs)					
	MANDATORY KYC DETAILS (BANK, PAN &					
	AADHAR)					
8	Name as Per Bank Account No.:-	Varun Khurana				
8	a) Bank Account No.:-	50100218850444				
	b) IFS Code of the branch:-	HDFC0000012				
	Name as Per Aadhaar Card:-	Varun Khurana				
	c) AADHAR Number: -	X				
	Name as Per PAN Card :-	Varun Khurana				

	d) Permanent Acco	ount Number (PA	X					
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952				Yes			
10	Whether earlier a 1 1995	member of Empl	Yes					
11	Previous employment details: [If Yes to 9 AND/OR 10 abo				ve]- 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
	SIMPLIFY WORKFORCE PRIVATE LIMITED, Awfis, N Heights, 4th Floor, HitechCity, HYDERABAD,	100400528311		/13/undefined	/13/undefined	N/A	N/A	
	Previous employment details: [If Yes to 9 AND/OR 10 above] - For Exempted Trusts							
12	Name & Address of the Trust	Universal Account Number	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
	undefined	N/A		N/A	N/A	N/A	N/A	N/A
13	(a) International Worker:				No			
	(b) If yes, state country of origin (India/Name of other country)				N/A			
	(c) Passport No.				N/A			
	(d) Validity of Passport [(DD/MM/YYYY) to (DD/MM/YYYY)]				N/A			
*	Whether You Have Withdrawn Your Previous EPF (Employees' Provident Fund Scheme, 1952) Fund				No			
	Whether You Have Withdrawn Your Previous EPS (Employees' Pension Scheme, 1995) Fund				No			

## **UNDERTAKING**

1) Certified that the particulars are true to the best of my	knowledge.				
2) I authorize EPFO to use my AADHAR for verification	n/authentication/e-KYC purpose for service delivery.				
3) Kindly transfer the funds and service details, if application present P.F. Account as I am an Aadhaar verified employ	able, from the previous PF account as declared above to the vee in my previous PF Account. *				
4) In case of changes in above details, the same will be in	ntimated to employer at the earliest.				
Date:14/01/2022	X				
Place :Kanpur	Signature/Thumb impression of the employee (Member)				
DECLARATION BY	PRESENT EMPLOYER				
A. The member Mr./Ms./Mrs. <u>Varun Khurana</u> has joined on <u>07/02/2022</u> and has been allotted PF Numberand UAN <u>100400528311</u>					
B. In case the person was earlier not a member of EPF Sc Option: The KYC details of the above member in the UA	cheme, 1952 and EPS, 1995: <b>Please Tick the Appropriate</b> AN database				
☐ Have not been uploaded ☐ Have been uploaded but not approved ☐ Have been uploaded and approved with DSC/e-sign	gn.				
C. In case the person was earlier a member of EPF Schen <b>Option:</b>	ne, 1952 and EPS, 1995: Please Tick the Appropriate				
	N database have been approved with E-sign/Digital n generated on portal. The previous Account of the member fer form shall be initiated.				
	For IDFC FIRST Bank Limited				
	Authorized Signatory				
Date:	Signature of Employer with Seal of Establishment				
*Auto transfer of previous PF account would be possible employees are request to file physical claim (Form -13) for	- · · · · · · · · · · · · · · · · · · ·				