**New Form No.11 - Declaration Form**

**Employees’ Provident Fund Organization**

**THE EMPLOYEES’ PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57) & THE EMPLOYEES’ PENSION SCHEME, 1995 (PARAGRAPH-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.**

1) NAME OF MEMBER/EMPLOYEE (MR./MS./MRS.) : …Vidhyamalathi M………………………………………

2) FATHER’S NAME : ………Muthumani D.………..………………………………………………….

3) HUSBAND’S NAME : ………………………………………………………………………………………..………………………………………………….

4) DATE OF BIRTH (DD/MM/YYYY) : …07-08-2023…… 5) GENDER (Male/ Female) : ……..Female………

6) Marital Status (Married/Unmarried/Widow/Divorcee) : …Unmarried……………….

7) MOBILE NO. : ……9150748456…………… 8) EMAIL ID : ……vidhyamalathi5@gmail.com……….

9) WHETHER EARLIER A MEMBER OF PROVIDENT FUND (PF) IN PREVIOUS EMPLOYHER (PLEASE TICK)

a) YES ﬦ b) NO ﬦ



10) WHETHER EARLIER A MEMBER OF PENSION (EPS) IN PREVIOUS EMPLOYER (PLEASE TICK)

a) YES ﬦ b) NO ﬦ



**(Please attach copy of PF statement/PF Passbook of previous employer, which is mandatory)**

**11) PREVIOUS EMPLOYMENT DETAILS : (Please check your salary slip or contact your previous employer)**

a) Universal Account No. (UAN) : …………………………………………… b) Name as per UAN : ……………………………………………

c) Previous PF A/c No. : ………………………………………….. c) Date of exit previous employer : ……………………………………...

d) Scheme certificate No. (if any) .……………………….. e) Pension payment order (PPO) No. (If any) : …………………………

12) INTERNATIONAL WORKER : a) YES ﬦ b) NO ﬦ



a) If yes, state country of origin : ……………………………………………… b) Passport No. : ……..………………………………………….

c) Validity of passport From (DD/MM/YYYY) to (DD/MM/YYYY) : ……………………………………………………………

13) **KYC details are mandatory : (Attach self attested copies of following KYC’s documents)**

a) Bank A/c No. : ………1232120000140……………………. b) IFS Code : ……CNRB0001232…………..

c) Aadhar No. : …….639275092356…………… d) Nam as per Aadhar : …Vidhyamalathi M……………..

e) PAN : ..…HVDPM6590L …………… f) Name as per PAN : ………Vidhyamalathi M…………………..

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **C. Undertaking:** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  |
| A. | I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BEHALF. | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |
| B. | IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND / OR EPD, 1995, | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  | |  | |  | |  |
|  | (I) | I HAVE ENSURED THE CORRECTNESS OF MY UAN / PREVIOUS PF MEMBER ID. | | | | | | | | | | | | | | | | | |  |  |  |  |  |  | |  | |  | |  | |  |
|  | (II) | 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). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (III) | I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN MEMBER PORTAL. | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  |
| **Date : 17-12-2023** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  |
| **Place : Coimbatore** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Signature of Employee/Member** | | | | | |  |  |  | |  | |  | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  |
| **DECLARATION BY PRESENT EMPLOYER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| A. | THE MWMBER MR./MS./MRS. ……………………………………………… HAS JOINED ON …………………….AND HAS BEEN ALLOTTED PF MEMBER ID …………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| B. | IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS,1995: | | | | | | | | | | | | | | | | | | | | |  |  |  |  | |  | |  | |  | |  |
|  | \* | **(POST ALLOTEMENT OF UAN ) THE UAN ALLOTTED FOR THE MEMBER IS ……………………………………………….** | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |
|  | \* | **PLEASE TICK THE APPROPRIATE OPTION:** | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  |
|  |  |  | THE KYC DETAILS OF HE ABOVE MEMBER IN THE UAN DATA BASE | | | | | | | | | | | | | | | |  |  |  |  |  |  |  | |  | |  | |  | |  |
|  |  |  |  | HAVE NOT BEEN UPLOADED | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  |
|  |  |  |  | HAVE BEEN UPLOADED BUT NOT APPROVED | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  |
|  |  |  |  | HAVE BEEN UPLOADED APPROVED WITH DSC | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  |
| C. | 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 CERTFICATE AND TRANSFER REQUEST HAS BEEN GENERATED ON PORTAL. | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  |  |  |  | |
|  |  |  |  | AS THE DSC OF ESTABLISHMENT ARE NOT REGISTRED WITH EPFO, THE MEMBER HAS BEEN INFORMED TO FILE PHYSICAL CLAIM (FORM - 13) FOR TRANSFER OF FUNDS FROM HIS PRIVIOUS ESTABLISHMENT. | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  |
| DATE : | |  |  |  |  |  |  |  |  |  |  |  | SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT | | | | | | | | | | | | |  | |  | |  | |