



EMPLOYEES PROVIDENT FUND ORGANIZATION
Employees provident funds scheme, 1952 (paragraph 34 & 37) &
Employees pension scheme 1995 (paragraph 24)

New Form No.11- Declaration Form
(To be retained by the employer for future reference)

Emp Code: ESDS003697VD
Company: ESDS Nashik

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and/of EPS1995 is applicable)

| | | | | |
|---|--|----------------------------------|--|-------------|
| 1 | Name of the member | <u>VIRAS KAMALAKAR DESHMUKH</u> | | |
| 2 | Father's Name <input checked="" type="checkbox"/> Spouse's Name () (Please Tick Whichever is Applicable) | <u>KAMALAKAR DESHMUKH</u> | | |
| 3 | Date of Birth (DD/MM/YYYY) | <u>15</u> | <u>JUN</u> | <u>1996</u> |
| 4 | Gender: (male / Female / Transgender) | <u>MALE</u> | | |
| 5 | Marital Status (married / Unmarried / widow / divorce) | <u>UNMARRIED</u> | | |
| 6 | (a) Email ID: | <u>Vikasdeshmukh63@gmail.com</u> | | |
| | (b) Mobile No: | <u>+91 7972131927</u> | | |
| 7* | Whether earlier a member of Employees Provident Fund Scheme 1952 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| 8* | Whether earlier a member of Employees Pension Scheme, 1995 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| If response to any or both of (7) & (8) above is yes, MANDATORY FILL UP THE (COLUMN 9) | | | | |
| 9 | a) Universal Account Number (UAN) | | | |
| | b) Previous PF ac No. [AP] [HYD] [EST.CODE] [EXTN] [PF NO.] | | | |
| | c) Date of exit from previous employment (DD/MM/YYYY) | | | |
| | d) Scheme Certificate No (if Issued) | | | |
| | e) Pension Payment Order (PPO) No (if Issued) | | | |
| 10 | a) International Worker: | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| | 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) | | | |
| KYC Details: (attach Self attested copies of following KYCs) ** | | | | |
| 11 | a) Bank Account No. & IFSC code | | | |
| | b) AADHAR Number (12 Digit) | <u>8253 7280 3816</u> | | |
| | c) Permanent Account Number (PAN), If available | <u>GSPXD4360K</u> | | |

UNDERTAKING

- 1) Certified that the Particulars are true to the best of my Knowledge
 - 2) I authorize EPFO to use my Aadhar for verification i.e KYC purpose for service delivery
 - 3) Kindly transfer the funds and service details, if applicable if applicable, from the previous PF account as declared above to the present PF Account (If Transfer Would be possible only if the identified KYC details approved by previous employer has been verified by present employer)
 - 4) In case of changes in above details the same Will be intimate to employer at the earliest
- Date: _____
Place: _____

(Signature)
Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A) The member Mr. / Ms. has joined on and has been allotted PF Number
- B) In case person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:
 • (Post 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
- C) In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
 • The above PF account number (UAN) 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 to portal
 ☐ As the DSC of establishment are not registered With EPFO the member has been informed to file physical claim (Form13) for transfer of funds from his previous establishment.

Date

Signature of Employer With seal of Establishment