

Guidelines to fill up Form 11 (PF/EPS declaration form)



New Form No.11- Declaration Form <small>(To be retained by the employer for future reference)</small>																							
<p>EMPLOYEES PROVIDENT FUND ORGANIZATION Employees provident funds scheme, 1952 (paragraph 34 & 57) & Employees pension scheme 1995 (paragraph 24)</p> <p><small>(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /of EPS1995 is applicable)</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.</td> <td style="width: 40%;">Name of the Member</td> <td style="width: 55%;"></td> </tr> <tr> <td>2.</td> <td>Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> <small>(Please Tick Whichever is Applicable)</small></td> <td></td> </tr> <tr> <td>3.</td> <td>Date of Birth (DD/MM/YYYY)</td> <td></td> </tr> <tr> <td>4.</td> <td>Gender: (Male / Female / Transgender)</td> <td>Please Select v</td> </tr> <tr> <td>5.</td> <td>Marital Status (Married / Unmarried / Widow / Divorce)</td> <td>Please Select v</td> </tr> <tr> <td>6.</td> <td>(a) Email ID</td> <td></td> </tr> <tr> <td></td> <td>(b) Mobile No.</td> <td>(+91)</td> </tr> </table>		1.	Name of the Member		2.	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> <small>(Please Tick Whichever is Applicable)</small>		3.	Date of Birth (DD/MM/YYYY)		4.	Gender: (Male / Female / Transgender)	Please Select v	5.	Marital Status (Married / Unmarried / Widow / Divorce)	Please Select v	6.	(a) Email ID			(b) Mobile No.	(+91)	<p>Please fill up all details</p> <p>← Your name should be as per Aadhaar</p> <p>← Tick whichever is applicable and enter your Father's / spouse's name</p> <p>← Fill all the details</p>
1.	Name of the Member																						
2.	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> <small>(Please Tick Whichever is Applicable)</small>																						
3.	Date of Birth (DD/MM/YYYY)																						
4.	Gender: (Male / Female / Transgender)	Please Select v																					
5.	Marital Status (Married / Unmarried / Widow / Divorce)	Please Select v																					
6.	(a) Email ID																						
	(b) Mobile No.	(+91)																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">7.*</td> <td style="width: 40%;">Whether earlier a member of Employees' Provident Fund Scheme 1952</td> <td style="width: 10%;">Yes <input type="checkbox"/></td> <td style="width: 10%;">No <input type="checkbox"/></td> </tr> <tr> <td>8.*</td> <td>Whether earlier a member of Employees' Pension Scheme 1995</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>		7.*	Whether earlier a member of Employees' Provident Fund Scheme 1952	Yes <input type="checkbox"/>	No <input type="checkbox"/>	8.*	Whether earlier a member of Employees' Pension Scheme 1995	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<p>Details related to previous employment PF and Pension:</p> <p>← Please check your PF passbook in your UAN portal for PF and Pension contribution details. (if you are not aware of your PF passbook please check with your previous employer)</p> <p>(This will result in smooth transfer of your PF and Pension from your previous employment)</p> <p>Fresher (first time employment) can tick on "No"</p> <p>Please ensure you will provide correct details as these details cannot be rectified later.</p>													
7.*	Whether earlier a member of Employees' Provident Fund Scheme 1952	Yes <input type="checkbox"/>	No <input type="checkbox"/>																				
8.*	Whether earlier a member of Employees' Pension Scheme 1995	Yes <input type="checkbox"/>	No <input type="checkbox"/>																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">If response to any or both of (7) & (8) above is 'Yes' MANDATORY FILL UP THE (COLUMN 9)</td> </tr> <tr> <td rowspan="5" style="width: 5%; text-align: center; vertical-align: top;">9.</td> <td style="width: 15%;">a)</td> <td style="width: 40%;">Universal Account Number (UAN)</td> <td style="width: 40%;"></td> </tr> <tr> <td>b)</td> <td>Previous PF Account Number AP HYD EST.CODE EXTN PF NO.</td> <td></td> </tr> <tr> <td>c)</td> <td>Date of Exit from previous employment (DD/MM/YYYY)</td> <td></td> </tr> <tr> <td>d)</td> <td>Scheme Certificate No. (If issued)</td> <td></td> </tr> <tr> <td>e)</td> <td>Pension Payment Order (PPO) No. (If Issued)</td> <td></td> </tr> </table>		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 Account Number 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)		<p>← Previous Employment details:</p> <p>Please fill your UAN number (This is mandatory, who are previously in employment). If you are not aware of your UAN please check the same with your previous employer.</p> <p>Fill your Date of Leaving of previous employment)</p> <p>For d) & e) : In case you apply for your pension withdrawal in your previous employment and for the same EPFO issued scheme certificate, then mention SC Number., If not please mention 'not applicable'.</p> <p>Fresher can ignore this section 'Write <i>Fresher</i> in UAN field'</p>	
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 Account Number 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a) International Worker*</td> <td style="width: 10%; text-align: center;">Yes <input type="checkbox"/></td> <td style="width: 10%; text-align: center;">No <input type="checkbox"/></td> <td style="width: 40%;"></td> </tr> <tr> <td>b) If Yes, State/Country Of Origin (India / Name Of Other Country)</td> <td colspan="3"></td> </tr> <tr> <td>c) Passport No.</td> <td colspan="3"></td> </tr> <tr> <td>d) Validity Of Passport (DD/MM/YYYY to DD/MM/YYYY)</td> <td></td> <td style="text-align: center;">To</td> <td></td> </tr> </table>	a) International Worker*	Yes <input type="checkbox"/>	No <input 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)		To			<p>If you are having other than Indian passport please tick on 'Yes' if not then tick on 'No'</p> <p>If 'Yes', please update your passport details.</p> <p>If 'Yes' please enclose passport copy along with this form.</p>
a) International Worker*	Yes <input type="checkbox"/>	No <input 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)		To																	
11	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center; font-weight: bold;">KYC Details : (attach Self attested copies of following)*</td> </tr> <tr> <td style="width: 40%;">a) Bank Account Number & IFC Code</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td>b) AADHAAR Number (12 Digit)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) Permanent Account Number (PAN), If available</td> <td></td> <td></td> <td></td> </tr> </table>	KYC Details : (attach Self attested copies of following)*				a) Bank Account Number & IFC Code				b) AADHAAR Number (12 Digit)				c) Permanent Account Number (PAN), If available					<p>Fill the mandatory KYC details.</p> <p>Please enclose Aadhaar card copy along with this form</p>
KYC Details : (attach Self attested copies of following)*																			
a) Bank Account Number & IFC Code																			
b) AADHAAR Number (12 Digit)																			
c) Permanent Account Number (PAN), If available																			
<p style="text-align: center; font-weight: bold;">UNDERTAKING</p> <p>1) Certified that the Particulars are true to the best of my Knowledge</p> <p>2) I authorize EPFO to use my Aadhaar for verification / e KYC purpose for service delivery</p> <p>3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present PF 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)</p> <p>4) In case of changes in above details, the same Will be intimate to employer at the earliest</p> <p>Date: _____</p> <p>Place: _____</p> <p style="text-align: right; margin-top: 20px;">Signature of Member</p>			<p>Update Date, Place and Sign here</p>																
<p style="text-align: center; font-weight: bold;">DECLARATION BY PRESENT EMPLOYER</p> <p>A) The member Mr./Ms./Mrshas joined onand has been allotted PF Number.....</p> <p>B) In case person was earlier not a member of EPF Scheme, 1952 and EPS, 1995</p> <ul style="list-style-type: none"> • (Post allotment of UAN) The UAN Allotted for the member is..... • Please tick the Appropriate Option: <p style="padding-left: 20px;">The KYC details of the above member in the UAN database</p> <p style="padding-left: 20px;"><input type="checkbox"/> Have not been uploaded</p> <p style="padding-left: 20px;"><input type="checkbox"/> Have been uploaded but not approved</p> <p style="padding-left: 20px;"><input type="checkbox"/> Have been uploaded and approved with DSC</p> <p>C) In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:</p> <ul style="list-style-type: none"> • 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 <p style="padding-left: 20px;"><input type="checkbox"/> 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.</p> <p style="padding-left: 20px;"><input type="checkbox"/> 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.</p> <p>Date _____</p> <p style="text-align: right; margin-top: 20px;">Signature of Employer With seal of Establishment</p>			<p>Not to fill anything here</p>																