

Onboarding Mandatory Forms

S.No.	Document Name	Completion (Yes / No)
1	Nomination for Group Term Life Cover	
2	Provident Fund Form - Form 2_Nomination & Declaration Form (Two copies)	
3	Gratuity Nomination Form - Form F	
4	Form 11 (Revised) - Employee Provident Funds Scheme, 1952	

Employee Name :

Employee ID :

Employee Signature :

Nomination For Group Term Life Cover

Employee Name :

Location :

Designation :

Date of Joining :

Name	Relation	Date of birth of nominee	Proportion by which the sum Insured will be shared

Place :

Date :

Signature :

Guidance For Filling The Form No. 2

Employee's Provident Fund Scheme,

1952 (EPF)

Para 33 : Declaration by persons already employed at the time of institution of the fund :-

Every person who is required or entitled to become a member of the Fund shall be asked forthwith by his employer to furnish and shall, on such demand, furnish to him, for communication to the Commissioner, particulars concerning himself and his nominee required for the declaration form in Form 2. Such employer shall enter the particulars in the declaration form and obtain the signature or thumb impression of the person concerned.

Para 61: Nomination

- Each member shall make in his declaration in Form 2, a nomination conferring the right to receive the amount that may stand to his credit in the Fund in the event of his death before the amount standing to his credit has become payable, or where the amount has become payable before payment has been made.
- A member may in this nomination distribute the amount that may stand to his credit in the Fund amongst his nominees at his own discretion.
- If a member has a family at the time of making a nomination, the nomination shall be in favour of one or more persons belonging to his family. Any nomination made by such member in favour of a person not belonging to his family shall be invalid.
- Provided that a fresh nomination shall be made by the member on his marriage and any nomination made before such marriage shall be deemed to be invalid.
- If at the time of making a nomination the member has no family, the nomination may be in favour of any person or persons but if the member subsequently acquires a family, such nomination shall forthwith be deemed to be invalid and the member shall make a fresh nomination in favour of one or more persons belonging to his family.
- 4A Where the nomination is wholly or partly in favour of a minor, the member may, for the purposes of this scheme appoint a major person of his family, as defined in clause (g) of paragraph 2, to be the guardian of the minor nominee in the event of the member predeceasing the nominee and the guardian so appointed.
- Provided that where there is no major person in the family, the member may, at his discretion, appoint any other person to be a guardian of the minor nominee.
- A nomination made under sub-paragraph(1) may at any time be modified by a member after giving a written notice of his intention of doing so in form 2. If the nominee predeceases the member, the interest of the nominee shall revert to the member who may make a fresh nomination in respect of such interest.
- A nomination or its modification shall take effect to the extent that it is valid on the date on which it is received by the commissioner.

Para 2(g) : Family Means-

- (i) in the case of a male member, his wife, his children, whether married or unmarried, his dependent parents and his deceased son's widow and children;

Provided that if a member proves that his wife has ceased, under the personal law governing him or the customary law of the community to which the spouses belong, to be entitled to maintenance she shall no longer be deemed to be a part of the member's family for the purpose of this scheme, unless the member subsequently intimates by express notice in writing to the commissioner that she shall continue to be so regarded; and

- (ii) In the case of a female member, her husband, her children, whether married or unmarried, her dependent parents, her husband's, dependent parents, her deceased sons's widow and children;

Provided that if a member by notice in writing to the commissioner expresses her desire to exclude her husband from the family, the husband and his dependent parents shall no longer be deemed to be a part of the member's family for the purpose of this scheme, unless the member subsequently cancels in writing any such notice.

Explanation : In either of the above two cases, if the child of a member [or as the case may be, the child of a deceased son of the member] has been adopted by another person and if, under the personal law of the adopter, adoption is legally recognised, such a child shall be considered as excluded from the family of the member.

Employees Pension Scheme, 1995

(EPS)

Para 18: Particulars to be supplied by the Employees already employed at the time of commencement of the Employees Pension Scheme.

Every person who is entitled to become a member of the Employees Pension Fund shall be asked forthwith by his employer to furnish and that person shall, on such demand, furnish to him for communication to the Commissioner particulars concerning himself and his family in the form prescribed by the Central Provident Fund Commissioner.

Para 2(vii) :- Family means :-

- Wife in the case of male member of the Employees' Pension Fund;
- Husband in the case of a female member of the Employees' Pension fund; and
- Sons and daughters of a member of the Employees Pension fund;

Explanation The expression "Sons" and "daughters" shall include children [Legally adopted by the member]

NOTE : Members can nominate a person to receive benefits under the Employees' Pension Scheme 1995 where a member is unmarried or does not have any family. Such nominee shall be paid pension equal to widow pension in case of death of member.

Emp ID :-

FORM NO. 2 (Revised)

NOMINATION AND DECLARATION FORM

(For Unexempted/Exempted Establishment)

Declaration and Nomination Form under the Employees Provident Fund & Employees Pension Scheme
(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme, 1952 & Paragraph 18 of the Employees
Pension Scheme, 1995)

1. Name _____
(In capital letters)
2. S/o, W/o, D/o Name _____
3. Date of Birth _____ 4. Sex _____ 5. Date of Joining _____ 6. Marital Status _____
7. P.F. Account No. _____
8. (A) Address Permanent _____
- (B) Address Temporary _____

PART A (EPF)

Name of the Nominee/Nominees	Address	Nominees relation with the member	Date of Birth	Total amount of share of Accumulation in PF to be paid to each Nominee	If the Nominee is a minor, Name & Relationship & Address of the guardian who may receive the amount during minority of nominee
1	2	3	4	5	6

- *Certified that I have no family as defined in para 2(g) of the Employee's Provident Fund Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.
- *Certified that my father/mother is/are dependent upon me.

*Strike out whichever is not applicable

Signature or thumb impression of the subscriber

Emp ID :-

PART B (EPS) (Para 18)

I hereby furnish below particulars of the members of my family who would be eligible to receive widow children pension in the event of my death.

Sl. No.	Name and Address of the Family member(s)		Date of Birth	Relationship with member
	Name	Address		
1	2	3	4	5
1				
2				
3				
4				
5				

** Certified that I have no family as defined in Para 2 (vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly pension (admissible under Para 16 2(a) (i) & (ii) in event of my death without leaving any eligible family member for receiving pension.

Sl. No.	Name & address of the Nominee	Date of birth	Relationship with the member.
1	2	3	4
1			
2			
3			
4			
5			
6			

Date :- _____

Signature or thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum _____ employed in my establishment after he/she has read the entries have read over to him/her by me and got confirmed by him/her.

Signature of the employer or other

Authorized officers of the establishment :- _____

Place : _____

Designation : _____

Name and address of the factory

Establishment or rubber stamp there of : _____

Dated :- _____

Emp ID :-

FORM NO. 2 (Revised)

NOMINATION AND DECLARATION FORM

(For Unexempted/Exempted Establishment)

Declaration and Nomination Form under the Employees Provident Fund & Employees Pension Scheme
(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme, 1952 & Paragraph 18 of the Employees
Pension Scheme, 1995)

1. Name _____
(In capital letters)
2. S/o, W/o, D/o Name _____
3. Date of Birth _____ 4. Sex _____ 5. Date of Joining _____ 6. Marital Status _____
7. P.F. Account No. _____
8. (A) Address Permanent _____
- (B) Address Temporary _____

PART A (EPF)

Name of the Nominee/Nominees	Address	Nominees relation with the member	Date of Birth	Total amount of share of Accumulation in PF to be paid to each Nominee	If the Nominee is a minor, Name & Relationship & Address of the guardian who may receive the amount during minority of nominee
1	2	3	4	5	6

1. *Certified that I have no family as defined in para 2(g) of the Employee's Provident Fund Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.
2. *Certified that my father/mother is/are dependent upon me.

*Strike out whichever is not applicable

Signature or thumb impression of the subscriber

Emp ID :-

PART B (EPS) (Para 18)

I hereby furnish below particulars of the members of my family who would be eligible to receive widow children pension in the event of my death.

Sl. No.	Name and Address of the Family member(s)		Date of Birth	Relationship with member
	Name	Address		
1	2	3	4	5
1				
2				
3				
4				
5				

** Certified that I have no family as defined in Para 2 (vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly pension (admissible under Para 16 2(a) (i) & (ii) in event of my death without leaving any eligible family member for receiving pension.

Sl. No.	Name & address of the Nominee	Date of birth	Relationship with the member.
1	2	3	4
1			
2			
3			
4			
5			
6			

Date :- _____

Signature or thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum _____ employed in my establishment after he/she has read the entries have read over to him/her by me and got confirmed by him/her.

Signature of the employer or other

Authorized officers of the establishment :- _____

Place : _____

Designation : _____

Name and address of the factory

Establishment or rubber stamp there of : _____

Dated :- _____

Payment of Gratuity (Central) Rules

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,

(Give here name or description of the establishment with full address)

I, Shri/Shrimati/Kumari _____

(Name in full here)

whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.
3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.

4. (a) My father/mother/parents is/are not dependent on me.
(b) My husband's father/mother/parents is/are not dependent on my husband.
5. I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause (h) of Section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)		Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
(1)		(2)	(3)	(4)
1.				
2.				
3.				
So on.				

Statement

1. Name of employee in full _____
 2. Sex _____
 3. Religion _____
 4. Whether unmarried/married/widow/widower _____
 5. Department/Branch/Section where employed _____
 6. Post held with Ticket No. or Serial No., if any _____
 7. Date of appointment _____
 8. Permanent address:
Village _____ Thana _____ Sub-division _____
Post Office _____ District _____ State _____
-

Place: _____

**Signature/Thumb-impression of the
Employee**

Date: _____

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

1. _____

2. _____

Signature of Witnesses.

1. _____

Place: _____

Date: _____

Certificate by the Employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any _____

Signature of the employer/Officer authorised
Designation

Date: _____

Name and address of the establishment or
rubber stamp thereof.

Acknowledgement by the Employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date: _____

Signature of the Employee

Note.—Strike out the words/paragraphs not applicable.

Composite Declaration Form - 11

Employee Code	
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(To be retained by the employer for future reference)

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	
2	Father's Name Husband's Name	
3	Date of Birth: (DD/MM/YYYY)	
4	Gender: (Male/Female/Transgender)	
5	Marital Status (Married/Unmarried/Widow/Widower/Divorcee)	
6	(a) Email ID: (b) Mobile No.:	
7	Present employment details: Date of Joining in the current establishment (DD/MM/YYYY)	
8	KYC Details (attach self attested copies of following KYCs) a) Bank Account No. : b) IFS Code of the branch: c) Aadhaar Number d) Permanent Account Number (PAN), if available	
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952 (Yes/No)	
10	Whether earlier a member of Employees' Pension Scheme, 1995 (Yes/No)	
11	Previous employment details: (If Yes to 9 AND/OR 10 above) Un-exempted	
	Establishment Name	
	Establishment Address	
	Universal Account Number (UAN)	
	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	
12	Previous employment details: [if Yes to 9 AND/OR 10 above] - For Exempted Trusts	
	Name of the Trust	
	Address of the Trust	
	Universal Account Number (UAN)	
	Member EPSA/c Number	
	Date of Joining (DD/MM/YYYY)	
	Date of Exit (DD/MM/YYYY)	
	Scheme Certificate No. (if issued)	
	Non-Contributory Period (NCP) Days	
13	a) International Worker (Yes/No.)	
	b) If yes, State Country or Origin (India/Name of other Country)	
	c) Passport No.	
	d) Validity of Passport From (DD/MM/YYYY)	
	To (DD/MM/YYYY)	

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorise EPFO to use my Aadhaar for verification/authentication/eKYC purpose for service delivery
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account as I am an Aadhaar verified employee in my previous PF Account.*
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date:

Place:

Signature of Member

DECLARATION BY PRESENT EMPLOYER

A The member Mr./Ms./Mrs. has joined on and has been

allotted PF No. and UAN

B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995

* Please tick the Appropriate Option

The KYC details of the above member in the UAN database

- Have not been uploaded
 Have been uploaded but no approved
 Have been uploaded and approved with DSC/e-sign

C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995

* Please Tick the Appropriate Option

- The KYC details of the above member in the UAN database have been approved with E-sign/Digital Signature Certificate and transfer request has been generated on Portal.
 The previous Account of the member is not Aadhaar verified and hence physical transfer form shall be initiated

Date:

Signature of Employer with Seal of Establishment

* Auto transfer of previous PF account would be possible in respect of Aadhaar verified employees only. Other employees are requested to file physical claim (Form - 13) for transfer of account from the previous establishment.