



Form No. 11 (New)

Declaration Form

(To be retained by the Employer for future reference with required KYC data)

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 EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE

(PLEASE GO THROUGH INSTRUCTION)

1	NAME	Mr	Ms	Mrs										
2	DATE OF BIRTH	D		D		M		M		Y		Y		
3	FATHER/HUSBAND NAME	Mr												
4	RELATIONSHIP	FATHER						HUSBAND						
	✓ (Please tick the mark)													
5	GENDER	MALE						FEMALE						
	✓ (Please tick the mark)													
6	MOBILE NUMBER													
7	EMAIL ID (IF ANY)													
8	WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952	YES						NO						
9	WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995	YES						NO						
IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11 & 12)														
A. PREVIOUS EMPLOYMENT DETAILS														
10	THE DETAILS OF THE UNIVERSAL ACCOUNT NO (UAN) OR PREVIOUS PF MEMBER ID :													
	UAN													
	OR PREVIOUS MEMBER ID	Region Code	Office Code	Establishment ID	Extension	Account No.								
11	DATE OF EXIT FOR PREVIOUS MEMBER ID	D		D		M		M		Y		Y		
12	(A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NO. _____													
	(B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER _____													
B. OTHER DETAILS														
13	✓ INTERNATIONAL WORKER PLEASE TICK						YES				NO			
	IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C) :						INDIA				OTHER THAN INDIA (PLEASE MENTION NAME OF THE COUNTRY			
	13(A) COUNTRY OF ORIGIN (Please tick)													
	13(B) PASSPORT NUMBER						D	D	M	M	Y	Y	Y	Y
	13(C) PASSPORT VALID FROM						D	D	M	M	Y	Y	Y	Y
	TO													
14	EDUCATIONAL QUALIFICATION (Please tick)	ILLITERATE	NON MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL PROFESSIONAL					
15	MARRITAL STAUUS (Please tick)	MARRIED			UNMARRIED			WIDOW/WIDOWER			DIVORCEE			

16	SPECIALLY ABLEED	YES	NO	IF YES, TICK THE CATEGORY		
				LOCOMOTIVE	VISUAL	HEARING
17	KYC DETAILS	KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER		REMARK IF ANY
		BANK ACCOUNT*			IFSC CODE	
		NPR/ADHAAR				
		PAN				
		PASSPORT			DATE OF EXPIRY	
		DRIVING LICENSE				
		ELECTION CARD				
		RATION CARD				
		ESIC CARD				

C. UNDERTAKING :

A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF KNOWLEDGE AND BELIEF.

B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 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 FOR THE PREVIOUS ACCOUT AS DECLARED ABOVE TO THE PRESENT PF ACCOUNT

(III) I AM AWARE THAT I CAN SUBMITT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL

DATE :

PLACE :



SIGNATURE OF MEMBER

DECLARATION BY PRESNET EMPLOYER

A	THE MEMBER Mr/Ms/Mrs. AND HAS BEEN ALLOTTED PF MEMBER ID	HAS JOINED ON
B	IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SHCEME, 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	
	<input type="radio"/> HAVE NOT BEEN UPLOADED <input type="radio"/> HAVE BEEN UPLOADED BUT NOT APPROVED <input type="radio"/> HAVE BEEN UPLOADED AND APPROVED WITH DSC	
C	IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEMEM, 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)	
	<input type="radio"/> THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE BEEN APPROVED WITH DIGITAL SIGNATURE CERTIFICATE AND TRANSER REQUEST HAS BEEN GENERARATED ON PORTAL <input type="radio"/> AS THE DSC OF ESTABLISHMENT ARE NOT REGISTERED WITH EPFO, THE MEMBER HAS BEEN INFORMED TO LIFE PHYSICAL CLAIM (FORM 13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.	
	DATE :	SIGNATURE OF THE EMPLOYER WITH SEAL OF ESTABLISHMENT

