



**Form No. 11 (New)
Declaration Form**

(To be retained by the Employer for future reference)

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.**

(PLEASE GO THROUGH THE INSTRUCTIONS)

1) Name (Title)

Mr.	Ms.	Mrs
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(Please Tick)

2) Date of Birth

D	D	M	M	Y	Y	Y	Y

3) Father'S/ Mr.
Husband's Name

4) Relationship in respect of (3) above
(Please Tick)

Father	Husband

5) Gender
(Please Tick)

Male	Female	Transgender

6) Mobile Number
(If Any)

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7) Email Id (If Any)

8) Whether earlier a member of THE EMPLOYEE'S PROVIDENT FUND SCHEME, 1952?
(Please Tick)

YES	NO

9) Whether earlier a member of THE EMPLOYEE'S PENSION SCHEME, 1995?
(Please Tick)

YES	NO

IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11& 12):

A. Previous Employment Details

10) The details of the Universal Account Number (UAN) or Previous PF Member ID:

UAN

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or

Previous PF member ID

Region code	Office Code	Establishment ID	Extension	Account Number

11) Date of exit for previous
Member ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y

12) (A) If scheme certificate issued for previous employment, Then scheme certificate number: _____.

(B) If pension payment order (PPO) issued for previous employment, Then PPO number: _____.

B. Other Details

13) International Worker
(Please Tick)

YES	NO

13(A) Country of origin (Please Tick)

India	Other than India (if yes, please mention name of the country)

13(B) Passport Number _____

13(C) Passport valid from

D	D	M	M	Y	Y	Y	Y

TO

D	D	M	M	Y	Y	Y	Y

14) Educational Qualification (Please Tick)

ILLITERATE	NON - MATRIC	MATRIC	SECONDARY	GRADUATE	GRADUATE	DOCTOR	PROFESSIONAL

15) Marital Status (Please Tick)

Married	Unmarried	Widow	Divorcee

16) Specially Abled (Please Tick)

YES	NO	IF YES, TICK THE CATEGORY		
		LOCOMOTIVE	VISUAL	HEARING

17) KYC Details

KYC Document Type	Name as on KYC Document	Number	Remarks
Bank A/c -1*			
NPR/ Aadhaar			
(PAN)			
Passport			
Driving licence			
Election Card			
Ration Card			
ESIC Card			

Mandatory Field (Note : Bank Account Number (Along with IFSC code) is mandatory. You are however advised to provide all KYC documents available with you in addition to Mandatory KYCs to avail better services. Self-Attested photocopies of the documents

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
 - (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN MEMBER PORTAL.

Date :

Place :

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER 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 ALLOTMENT 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
 - * **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 ON PORTAL.
 - AS THE DSC OF ESTABLISHMENT ARE NOT REGISTERED WITH EPFO, THE MEMBER HAS BEEN INFORMED TO FILE PHYSICAL CLAIM (FORM - 13) FOR TRANSFER OF FUNDS FROM HIS PRVIOUS ESTABLISHMENT.

DATE :

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT