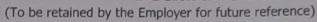
Declaration Form





Employees' Provident Fund Organization

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)

THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

D	ECLARATION BY A PERSON T	AKING UP EMPLOY	MENT IN AN ESTABLISHMEN	IT ON WHICH EMPLOYEES	PROVIDENT FUND SCHEME,
		(PLEASE	PLOYEES' PENSION SCHEM GO THROUGH THE INS	E, 1995 IS APPLICABLE.	
1)	NAME (TITLE) MR MS. MRS (PLEASE TICK)				
2)	DATE OF BIRTH	0 2	M M Y Y Y Y 1 0 1 9 9	Y	
3)	FATHER'S/ HUSBAND'S NAME	BLND	ESHHAR	PRASAD	Y A D AV
4)	RELATIONSHIP IN RESPECT OF	F (3) ABOVE	FATHER HUSBAN		
5)	GENDER (PLEASE TICK)	MALE	FEMALE TRANSC	SENDER	
5)	MOBILE NUMBER (IF ANY)	, 2 1	035	8 3 8	1
7)	EMAIL ID (IF ANY) a	1 i	nash mai 1	· c o	6 + 60
8)	WHETHER EARLIER A MEMBE	R OF THE EMPLOYEE	S' PROVIDENT FUND SCHEME	19522	
		(PLEASE TICK)	YES	NO /	
9)	WHETHER EARLIER A MEMBER	R OF THE EMPLOYEES			
		(PLEASE TICK)	YES	NO /	7
	IF RESPONSE TO ANY OR BOAT (10,11&12):	отн оғ (8) & (9)	ABOVE IS YES, THEN MAN	DATORILY FILL UP THE P	 PREVIOUS EMPLOYMENT DET

UAN	HE UNIVERSAL A				T		T					
OR												
PREVIOUS PF M	EMBER ID	REC	SION CO	ODE	OFFICE	CODE	EST/	ABLISE	IMENT ID	EXTENSION	ACCOUNT N	UMBER
11) DATE OF EXIT FOR MEMBER ID (DD/	PREVIOUS MM/YYYY)	D	D	М	М		Y	Y	Y	Y		
12) (A) IF SCHEME CE (B) IF PENSION PA	ERTIFICATE ISSU	ED FOR F	REVIOL	IS EMP	LOYMENT EVIOUS E	T, THE	N SCHE	ME CE	RTIFICATE I PPO NUM	NUMBER:		
B. OTHER DETAILS											A	
13) INTERNATIONAL W (PLEASE TICK)	ORKER		YES			1	No		7			
13(A) COUNTRY C	(13) ABOVE I	OTHER	THAN II	VDIA (IF YES, PHE COUNT	LEASE		A), 1	l3(B) & 1	3(c):		
13(B) PASSPORT N	IUMBER											
13(c) PASSPORT V	ALID FROM	F	D D	M	I M	Y	Y	Y	Y			
	То		D	M	M	Y	Y	Y	Y			
QUALIFICATION	ILLITERATE		IN- TRIC	MAT	TRIC	SEN SECON		Gi	RADUATE	POST GRADUATE	Doctor	TECHNICAL
14) EDUCATIONAL QUALIFICATION (PLEASE TICK)	A			Mat				Gi	RADUATE		Doctor	TECHNICAL PROFESSION
QUALIFICATION	A	MAT				SECON		1	PADUATE	GRADUATE	DOCTOR	TECHNICAL PROFESSION
QUALIFICATION (PLEASE TICK) 5) MARITAL STATUS	ILLITERATE	MAT	JNMARI			SECON	VIDOW)	ER		GRADUATE	DOCTOR	TECHNICAL PROFESSION

1			
1/1	KYC	DE	ΓΔΤΙ
J. / /	1		

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	Number	REMARKS, IF ANY
BANK ACCOUNT-1*	AVENASHKUM	98 35736133899	IFSC CODE*
NPR/AADHAAR		2 946 28325 57	
PERMANENT ACCOUNT NUMBER (PAN)	ATCHASH KOMBO		
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
RATION CARD	/		
ESIC CARD	100		

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 MUST BE ATTACHED WITH THIS FORM.

C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY 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 FROM THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. 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).
 - (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE: PLACE:	02105/2023 MOMBAI	Arinah SIGNATURE OF MEMBER
PLACE.		SIGNATURE OF MEMBER
	DECLARATION BY PRESENT EMPLOYER	
Α.	THE MEMBER Mr./Mrs HAS JOINED ON AND HAS BEE	N ALLOTTED PF MEMBER ID
В.	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 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 MEMBER ID OF THE MEMBER AS MENTIONED IN (A) ABOVE HAS BEEN TAGGED WITH	TH HIS/HED HAM/DDD GOLK

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 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 PREVIOUS ESTABLISHMENT.

DATE:

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT