



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.
(PLEASE TICK)

MR. M. NARESH

2) DATE OF BIRTH

D D M M Y Y Y Y
1 0 0 5 1 9 9 4

3) FATHER'S/
HUSBAND'S NAME

MR.

S. MUTHURAJ

4) RELATIONSHIP IN RESPECT OF (3) ABOVE
(PLEASE TICK)

FATHER HUSBAND
☒ ☐

5) GENDER
(PLEASE TICK)

MALE FEMALE TRANSGENDER
☒ ☐ ☐

6) MOBILE NUMBER
(IF ANY)

9 0 9 4 5 3 5 9 5 5

7) EMAIL ID (IF ANY)

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@ g m a i l . c o m

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?

(PLEASE TICK)

☒ YES

☐ NO

9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' 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):

Reference Form	It is the responsibility of every employee to inform HR Department regarding any changes.
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I. Previous Employment Details

Company Name: AVALON TECHNOLOGIES		Employee Code:
Current Address of Company: MEPZ TAMBARAM		City: CHENNAI State: TAMILNADU
HR Name: RAJ CHENGALVARA-YAN	HR Contact No:	HR Email-Id:
Reporting Manager Name:	Reporting Manager No:	Reporting Manager -Id:

II. Previous Employment Details

Company Name: FI AUTO COMPONENTS		Employee Code:
Current Address of Company: THIRUMUDIVAKKAM		City: CHENNAI State: TAMILNADU
HR Name:	HR Contact No:	HR Email-Id:
Reporting Manager Name:	Reporting Manager No:	Reporting Manager -Id:

III. Previous Employment Details

Company Name:		Employee Code:
Current Address of Company:		City: State:
HR Name:	HR Contact No:	HR Email-Id:
Reporting Manager Name:	Reporting Manager No:	Reporting Manager -Id:

IV. Previous Employment Details

Company Name:		Employee Code:
Current Address of Company:		City: State:
HR Name:	HR Contact No:	HR Email-Id:
Reporting Manager Name:	Reporting Manager No:	Reporting Manager -Id:

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*	NARESH.M	13210100012930	IFSC CODE
NPR/AADHAAR	NARESH.	636748251051	
PERMANENT ACCOUNT NUMBER (PAN)			
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
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 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: 02/02/2019
PLACE: CHENNAI

SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER Mr./Ms./Mrs. M. NARESH. 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 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 HIS/HER UAN/PREVIOUS 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