

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	Romashankar Thakur
2.	Father's Name <input type="checkbox"/> Spouse's Name <input checked="" type="checkbox"/> (Please tick whichever is applicable)	Anita Kumari
3.	Date of Birth: (DD/MM/YYYY)	11/01/1992
4.	Gender: (Male/Female/Transgender)	Male
5.	Marital Status: (Married/Unmarried/Widow/Widower/Divorced)	Married
6.	(a) Email ID: (b) Mobile No.:	ramacs-71@gmail.com 8269205034
7.	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No
8.	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No
9.	<b>Previous employment details: [if Yes to 7 AND/OR 8 above]</b>	
	a) Universal Account Number:	101216918755
	b) Previous PF Account Number:	
	c) Date of exit from previous employment: (DD/MM/YYYY)	
	d) Scheme Certificate No. (if issued)	
10.	e) Pension Payment Order (PPO) No. (if issued)	
	a) International Worker:	Yes / No
	b) If yes, state country of origin (India/Name of other country)	
	c) Passport No.	S2613152
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	31/07/2018 to 30/7/2028
11.	<b>KYC Details: (attach self attested copies of following KYCs)</b>	
	a) Bank Account No. & IFS Code	Alc No - 3863119504. IFSC Code - CBIN0284872.
	b) AADHAR Number	2391 9360 5569
	c) Permanent Account Number (PAN), if available	AVGPT6799E

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar 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.  
(The transfer would be possible only if the identified KYC data approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: 07/04/2023

Place:

*Romashankar*  
Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr./Ms./Mrs. .... has joined on ..... and has been allotted PF Number .....
- 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 PF Account number/UAN 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.

Signature of Employer with Seal of Establishment

Date:

Medical Insurance Nominee Form

Name:	RAMASHANKAR THAKUR.
ICICI Account No.(if you have)	Central Bank of India, A/c No - 3863119504. IFSC - CBIN0284872
Pan card No:	AVGPT6779E
Your Date of Birth:	11/01/1992
Nominee:	Arita kumari
Relationship with nominee:	wife.
Marital Status (Single/Married):	Married.
If married please mention the below mentioned details:	
Wife/Husband's Name:	Arita kumari
Date of Birth:	14/02/2001
Age:	22
Gender:	Female.
Child1's Name:	Meera Rani
Date of Birth:	08/02/2019.
Age:	04 year
Gender:	Female.
Child2's Name:	Aditya sharma.
Date of Birth:	29/08/2020.
Age:	02 year.
Gender:	Male.

Ramashankar.



## EMPLOYEE MEDICAL SELF DECLARATION FORM

Please specify if you're having health issue: YES/NO — No.  
If yes, please specify in detail:

Suffering from any chronic diseases: YES/NO — No.  
If yes, please specify in detail:

Undergoing any Medical Treatment: YES/NO — No.  
If yes, please specify in detail:

I, Ramashankar Thakur  
(Applicant's Name)

of At- Kendua, Berokala, Hazaribagh (Jharkhand)  
(Applicant's Address)

Agree as an applicant being a fit and proper person and able to perform the inherent requirements of the position.

I do sincerely declare that the contents of this form are true and correct and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld. I understand that any wilfully incorrect or misleading answer or material omission which relates to any of the questions before mentioned may make me ineligible for employment, or if employed, liable to disciplinary action which may include dismissal. I understand that this pre-employment health declaration may form part of my file.

I also voluntarily and freely consent to sharing of the above personal information in relation job employment to Marquis Technologies Pvt. Ltd

Applicant's signature Ramashankar Date 07/04/2023