



Declaration For
(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)

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|
| M | A | D | H | V | E | N | D | R | A | V | E | R | M | A | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

2) DATE OF BIRTH

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| 1 | 3 | 1 | 0 | 2 | 0 | 0 | 1 |

3) FATHER'S/
HUSBAND'S NAME

MR.

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| R | A | D | H | E | Y | S | H | V | A | M | V | E | R | M | A | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

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

| | |
|-------------------------------------|--------------------------|
| FATHER | HUSBAND |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

5) GENDER

(PLEASE TICK)

| | | |
|-------------------------------------|--------------------------|--------------------------|
| MALE | FEMALE | TRANSGENDER |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6) MOBILE NUMBER
(IF ANY)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 9 | 5 | 8 | 2 | 1 | 5 | 7 | 7 | 7 | 6 |
|---|---|---|---|---|---|---|---|---|---|

7) EMAIL ID (IF ANY)

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| m | a | d | h | a | v | v | e | r | m | a | @ | 7 | 0 |
| @ | g | m | a | ? | 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):

A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

UAN

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 |
| | <input checked="" type="checkbox"/> |

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):

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 | SENIOR SECONDARY | GRADUATE | POST GRADUATE | DOCTOR | TECHNICAL PROFESSION |
|------------|------------|--------|------------------|-------------------------------------|---------------|--------|----------------------|
| | | | | <input checked="" type="checkbox"/> | | | |

15) MARITAL STATUS
(PLEASE TICK)

| MARRIED | UNMARRIED | WIDOW/ WIDOWER | DIVORCEE |
|---------|-------------------------------------|----------------|----------|
| | <input checked="" type="checkbox"/> | | |

16) SPECIALLY ABLED
(PLEASE TICK)

| YES | NO |
|-----|-------------------------------------|
| | <input checked="" type="checkbox"/> |

If Yes, Tick the Category

| LOCOMOTIVE | VISUAL | HEARING |
|------------|--------|---------|
| | | |

| KYC DOCUMENT TYPE | NAME AS ON KYC DOCUMENT | NUMBER | REMARKS, IF ANY |
|-----------------------------------|-------------------------|--------|-----------------|
| BANK ACCOUNT-1* | | | IFSC CODE* |
| NPR/AADHAAR | | | |
| PERMANENT ACCOUNT NUMBER (PAN) | | | |
| PASSPORT | | | EXPIRY DATE |
| DRIVING LICENCE | | | EXPIRY DATE |
| ELECTION CARD | | | |
| RATION CARD | | | |
| ESIC CARD | | | |

C. UNDERTAKING:

- SIGNATURE OF MEMB**