



## 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) 

V	A	S	U	D	E	V	I												

MR. MS. MRS. (PLEASE TICK)

2) DATE OF BIRTH 

D	D	M	M	Y	Y	Y	Y
0	6	0	3	1	9	9	8

3) FATHER'S/HUSBAND'S NAME MR. 

J	A	Y	A	R	A	M	A	I	A	H	V								

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

FATHER	HUSBAND
✓	

5) GENDER (PLEASE TICK) 

MALE	FEMALE	TRANSGENDER
✓		

6) MOBILE NUMBER (IF ANY) 

9	7	4	3	9	9	4	3	2	5
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7) EMAIL ID (IF ANY) 

d	j	v	a	s	u	l	9	9	8	@	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):



**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) &amp; 13(C):

13(A) COUNTRY OF ORIGIN (Please Tick)

INDIA	OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)
<input checked="" type="checkbox"/>	

13(B) PASSPORT NUMBER

T6532520

13(C) PASSPORT VALID FROM

D	D	M	M	Y	Y	Y	Y
0	3	0	7	2	0	1	9

To

D	D	M	M	Y	Y	Y	Y
0	2	0	7	2	0	2	9

14) EDUCATIONAL QUALIFICATION  
(PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/ PROFESSIONAL
				<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



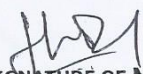
## 17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*	VASUDEV J	51170100007504	IFSC CODE: BARB05AHAKA
NPR/AADHAAR	VASUDEV J	615315631443	
PERMANENT ACCOUNT NUMBER (PAN)	VASUDEV J	BAKPV2595L	
PASSPORT	VASUDEV	T6532520	EXPIRY DATE: 22/07/2029
DRIVING LICENCE	J VASUDEV	KA502060009484	EXPIRY DATE: 18/08/2036
ELECTION CARD			
RATION CARD			
ESIC CARD			
<p>* <b>Mandatory Field</b> (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. <b>SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS</b> MUST BE ATTACHED WITH THIS FORM.</p>			

## 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: 13/07/21  
PLACE: Bengaluru

  
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 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



**New Form No.-11 – Declaration Form**  
(To be retained by the employer for future reference)

**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	VASU DEV S
2.	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	JAYARAMAIAH.V
3.	Date of Birth: (DD / MM / YYYY)	06/03/98
4.	Gender: (Male/Female/Transgender)	MALE
5.	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	UNMARRIED
6.	(a) Email ID: (b) Mobile No.: 9743 994325	djvasu1998@gmail.com
7.	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No <input checked="" type="checkbox"/>
8.	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No <input checked="" type="checkbox"/>
9.	<b>Previous employment details: [if Yes to 7 AND/OR 8 above]</b>	
	a) Universal Account Number:	
	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 <input checked="" type="checkbox"/>
	b) If yes, state country of origin (India/Name of other country)	
	c) Passport No.	
11.	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	
	<b>KYC Details: (attach self attested copies of following KYCs)</b>	
	a) Bank Account No. & IFS Code	5070100007504.EBAAB08AHAKA
	b) AADHAR Number	615315631443
	c) Permanent Account Number (PAN), if available	BAKPVB595L

**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 detail 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:  
Place:

Signature of Member

**DECLARATION BY PRESENT EMPLOYER**

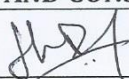
- A. The member Mr./Ms./Mrs. .... has joined on ..... and has been allotted PF Number .....
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:
  - (Post allotment of UAN) The UAN allotted for the member is .....
  - Please Tick the Appropriate Option:
    - ☐ The KYC 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.

Date:

Signature of Employer with Seal of Establishment



<b>In Case of Emergency Form</b>		It is the responsibility of every employee to inform HR Department regarding any changes.	
<b>I. GENERAL INFORMATION</b>			
Employee Name: VASUDEV J		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: 06/03/1998
Current Address: 602, 2 <sup>nd</sup> Cross Rama Mandir Road, Kodigehalli, Bengaluru		City: Bengaluru	State: KARNATAKA
Permanent Address: 602, 2 <sup>nd</sup> Cross Rama Mandir Road, Kodigehalli, Bengaluru - 560092		City: Bengaluru	State: KARNATAKA
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>			
Name: JAYARAMAIAH.		Relationship: FATHER.	
Phone: 9590658335	Address: 602, Kodigehalli, Bengaluru 560092.		
Name: SARASWATHAMMA		Relationship: MOTHER.	
Phone: 8095669654.	Address: 602, Kodigehalli, Bengaluru 560092		
Name: NAVEEN KUMAR.		Relationship: BROTHER.	
Phone: 8095437970	Address: 602, Kodigehalli, Bengaluru 560092.		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		

Please provide the details of any of your friends		
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: SARASWATHAMMA	Relationship: MOTHER.	
Home Phone: 8095 669654	Work Phone:	Cellular Phone:
Name: NAVEEN KUMAR J	Relationship: BROTHER.	
Home Phone: 8095 437970	Work Phone:	Cellular Phone:
Preferred Hospital:		
Physician's Name:	Specialist Name:	Dentist Name:
Phone:	Phone:	Phone:
List all medications that you are taking (prescription and over the counter). If necessary include the reason of medication:		
List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that emergency personal need to be aware of, attach documentation is necessary:		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: 	Date Signed: 13/07/21.	



(FORM 2 REVISED)

## NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Schemes  
(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees  
Pension Scheme 1995)

1. Name (IN BLOCK LETTERS): VASUDEV JAYARAMAIAH.

2. Date of Birth : 06/03/98 3. Account No. 51170100007504.

4. \*Sex : MALE/FEMALE: MALE 5. Marital Status SINGLE

6. Address Permanent / Temporary : 602, 2<sup>nd</sup> Cross, Pama Mandir Road, Kodigehalli,  
Bengaluru - 560092.

**PART – A (EPF)**

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employees Provident Fund, in the event of my death.

Name of the Nominee (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
JAYARAM ADH	Bangalore	FATHER	25/3/68	50%	
SARASWATHA -MMA	Bangalore	MOTHER	22/1/78	50%	

- 1        \*Certified that I have no family as defined in para 2 (g) of the Employees Provident Fund Scheme 1952 and should I  
acquire a family hereafter the above nomination should be deemed as cancelled.
2.        \* Certified that my father/mother is/are dependent upon me.

Strike out whichever is not applicable

Signature/or thumb impression  
of the subscriber

PART – (EPS)  
Para 18

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow/Children Pension in the event of my premature death in service.

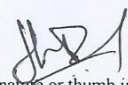
[illegible]

Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2 (a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

Name and Address of the nominee	Date of Birth	Relationship with member

Date 13/7/21

  
Signature or thumb impression  
of the subscriber

**CERTIFICATE BY EMPLOYER**

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri / Smt./ Miss \_\_\_\_\_ employed in my establishment after he/she has read the entries / the entries have been read over to him/her by me and got confirmed by him/her.

Date : \_\_\_\_\_

Signature of the employer or other authorised officer of the establishment

Name & address of the Factory /Establishment

Place :

Date :