



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.	AVANISH-KUMAR																			
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(PLEASE TICK)

2) DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
2	0	0	7	2	0	0	5

3) FATHER'S/HUSBAND'S NAME

MR.	NATHURAM																			
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4) RELATIONSHIP IN RESPECT OF (3) ABOVE

<input checked="" type="checkbox"/> FATHER	<input type="checkbox"/> HUSBAND
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(PLEASE TICK)

5) GENDER

<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> TRANSGENDER
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(PLEASE TICK)

6) MOBILE NUMBER (IF ANY)

7	9	8	3	5	1	3	8	8	3
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7) EMAIL ID (IF ANY)

a	v	a	n	i	s	h	k	u	s	h	w	a	h
5	5	@	g	m	a	i	l	.	c	o	m		

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

(PLEASE TICK)

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?

(PLEASE TICK)

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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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

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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

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

To

D	D	M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y

14) EDUCATIONAL QUALIFICATION (PLEASE TICK)

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

15) MARITAL STATUS (PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE

16) SPECIALLY ABLED (PLEASE TICK)

YES	NO

IF YES, TICK THE CATEGORY		
LOCOMOTIVE	VISUAL	HEARING