Declaration Form





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)

) NAME (TITLE)		SA	UM	YA											
MR. Ms.	MRS.	SE	KH												
(PLEASE TICK))	Bo	RA	L											
	L														
DATE OF BIRTH		D			MY	Y	Y	Y							
		1	6	0	3 1	9	8	6							
) FATHER'S/	MR.	51	AJF	AL			TT	T					П	T	
HUSBAND'S NAME	IMR.	Bo								1					
		D	BA												
						1									
) RELATIONSHIP IN RESPE	CT OF (3	3) ABOVE	E	FATHER		Hus	SBAND								
(PLEASE TICK)			1												
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			MALE		FEMALE	TF	RANSGEN	DER							
(PLEASE TICK)			MALE		FEMALE	: Tr	RANSGEN	DER				÷			
(PLEASE TICK)	2		1	-							1				
(PLEASE TICK)	8	7	MALE 7	7	FEMALE			DER	8	7	6	*			
(PLEASE TICK)) MOBILE NUMBER (IF ANY)		7	7		4		7 (*			
(PLEASE TICK)) MOBILE NUMBER (IF ANY)	5	7 a	7 cm	10	4	91	9 (a	0	8	7	6	-			
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(PLEASE TICK) MOBILE NUMBER (IF ANY) EMAIL ID (IF ANY)	5	cm	7 cm	lo	0	99.	a c	5 L 0	8						
(PLEASE TICK)) MOBILE NUMBER (IF ANY)) EMAIL ID (IF ANY)	S 9 MEMBER	OF THE	7 cm	lo	O L	97 •	a c	5 L 0	8 cm	6					
(PLEASE TICK)) MOBILE NUMBER (IF ANY)) EMAIL ID (IF ANY) 8) WHETHER EARLIER A	S 9 MEMBER (F	OF THE	7 cm a EMPLOY	LO L EES' PRO	O L VIDENT	90 Prund Screen	a C	5 L 0	8	6					
MOBILE NUMBER	S 9 MEMBER (F	OF THE	7 Cm a EMPLOY TICK) EMPLOY	LO L EES' PRO	O L VIDENT	90 Prund Screen	a C	5 L 0	8 cm	6					

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O) THE DETAILS OF THE	OHIVENORE													
UAN														
OR		-												
PREVIOUS PF ME	MBER ID		REGION CODE		OFFICE		CODE	ESTA	BLISH	MENT ID	EXTENS	ION	ACCOUNT N	UMBER
		L												
DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)			D		М	М	Y		Y	Y	Y			
(A) IF SCHEME CE (B) IF PENSION PA	RTIFICATE ISS	SUED F	OR PREV	IOUS E	MPLC	YMENT IOUS E	, THEN	SCHE	ME CE	RTIFICATE PPO NUM	NUMBER:			
3. OTHER DETAILS												les.	公理 信持14	11.00
3) INTERNATIONAL WO	ORKER			YES				No						
(PLEASE TICK)	- Inch			, 20			L							
India		ОТ	Tick) HER THA NTION I		IA (IF	YES, F				3(B) &				
13(b) Passport of 13(c) Passport of 13(d) Passpo		ОТ	HER TH		IA (IF	YES, F			Y	Y				
13(B) PASSPORT N		ОТ	HER THA	IAME O	IA (IF	YES, F	TRY)							
13(B) PASSPORT N		OT ME	HER THA	IAME O	IA (IF	YES, F	TRY)							
13(B) PASSPORT N	ALID FROM	OT ME	HER TH/	D D	M (IF	YES, FE COUN	TRY)	Y	Y	Y				
13(B) PASSPORT N	ALID FROM	OTME	HER TH/	D D	M (IF	M M	Y Y SE	Y	Y	Y	Pos Gradi		Doctor	TECHNICAL, PROFESSION.
13(b) PASSPORT N	TO	OTME	D D	D D	M M	M M	Y Y SE	Y	Y	Y	Pos		Doctor	155
13(B) PASSPORT N 13(C) PASSPORT N 4) EDUCATIONAL QUALIFICATION (PLEASE TICK)	TO	АТЕ	D D NON-MATR	D D	M M	M M	Y Y SESECO	Y	Y Y	Y	Pos GRADI		Doctor	155
13(B) PASSPORT N 13(C) PASSPORT N 13(C) PASSPORT N 13(C) PASSPORT N (PLEASE TICK)	TO ILLITER	ATE RIED	D D NON-MATR	D D	M M	M M	Y Y SESECO	Y NIOR INDARY	Y Y Y VER	Y	Pos Gradu	JATE	Doctor	155

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	Number	REMARKS, IF ANY
BANK ACCOUNT-1*	SAUMY ASEKHAR BORAL	A/C-3883358356	IFSC-CBINO28386
NPR/AADHAAR	SAUMYA SEKHAR BORAL	304161314511	•
PERMANENT ACCOUNT NUMBER (PAN)	SAUMYA SEKHAR BORAL		
PASSPORT	SAUMYASEKHAR BORAL		
DRIVING LICENCE	SAUMYA SEKHAR BORAL	WB-15201100 84551	
ELECTION CARD	SAUNYASEKHAR BORAL	MNB3248366	
RATION CARD			
ESIC CARD	6		

* Mandatory Field (<u>Note</u>: 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:	18/12	12024	Saunya Shor Be
PLACE:	CHAN	DANNAGAR	SIGNATURE OF MEMBER
		DECLARATION BY PRESENT EMPLOYER	
A.	THE MEM	BER Mr./Ms./Mrs HAS JOINED ON AND HAS	S BEEN ALLOTTED PF MEMBER ID
В.	IN CASE T	THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:	
-		ST ALLOTMENT OF UAN) THE UAN ALLOTTED FOR THE MEMBER IS	*****
		ASE TICK THE APPROPRIATE OPTION:	A CONTRACTOR OF THE CONTRACTOR
		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 T	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 TAGGE	D WITH HIS/HER UAN/PREVIOUS
	MEM	MBER ID AS DECLARED BY MEMBER.	
	· PLE	ASE TICK THE APPROPRIATE OPTION:-	
	I	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 POR	RTAL.
	T	AS THE DSC OF ESTABLISHMENT ARE NOT REGISTERED WITH EPEO. THE MEM	BED HAS BEEN INCODMED TO SHE

PHYSICAL CLAIM (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

DATE:

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT