



Declaration For
(To be received by the Employer for future reference)

Employees' Provident Fund Organization

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 37)

THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT OR WHICH EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE.
(PLEASE GO THROUGH THE INSTRUCTIONS)

1) Name (Title)

B	A	N	D	A	R	U	P	R	E	M	N	A	G	A	S	A	T	Y	A	

(Please Tick)

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

2) Date of Birth

D	D	M	M	Y	Y	Y	Y
0	3	0	5	2	0	0	4

3) Family Member's Name

M	B	A	N	D	A	R	U	N	A	G	A	D	H	A	N	A	K	A	J	U

4) Relationship (in respect of (2)) None

Family	Husband
<input checked="" type="checkbox"/>	<input type="checkbox"/>

5) Gender

Male	Female	Transgender
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) Mobile Number (If any)

9	6	6	0	9	9	8	7	8	9
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7) Email ID (If any)

b	a	n	d	a	r	u	p	r	e	m	@									
b	g	m	a	i	@	c	o	m												

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

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

YES	NO <input checked="" type="checkbox"/>
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If response to any or both of (8) & (9) above is YES, THEN CANDIDATE/FULLY FILL UP THE PROVISIONS EMPLOYMENT DATA AT (10, 11&12):

EMPLOYEE DETAILS
 THE DETAILS OF THE UNEMPLOYMENT ALLOWANCE (UAN) OR PREVIOUS PF NUMBER ID

UAN

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OR
 Previous PF Number ID

Region Code	Dist. Code	Establishment ID	Extension	ACCOUNT NUMBER

11) DATE OF EXP 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:

3. Other Details

13) INTERNATIONAL WORKER (Please Tick)

YES	NO <input checked="" type="checkbox"/>
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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	10th PATTERN	MATRU	Senior Secondary	GRADUATE	Post Graduate	DOCTOR	TECHNICAL PROFESSION
				<input checked="" type="checkbox"/>			

15) MARITAL STATUS (PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/WIDOWER	DIVORCED
	<input checked="" type="checkbox"/>		

16) Specially ABLED (PLEASE TICK)

YES	NO <input checked="" type="checkbox"/>
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If Yes Tick the Category		
LACHTIVE	Visual	HEARING

CYC Details

CYC DOCUMENT TYPE	DATE AS OF CYC DOCUMENT	NUMBER	STATUS, IF ANY
BANK ACCOUNT (IF APPLICABLE)			
FORMER ACCOUNT NUMBER (PAN)	Bandaru Prem Naga Satya Sai	OF WPS 76988	
PASSPORT			
DRIVING LICENSE			
ELECTION CARD			
RATION CARD			
EPSC CARD			

* Mandatory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY, YOU ARE HEREBY ADVISED TO PROVIDE ALL CYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY CYCS TO AVOID LATER ISSUES. SELF-ATTACHED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.

- C. Declaration**
- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
 - B. IN CASE, I AM/ WAS A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1946.
 - (i) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS EP MEMBER ID.
 - (ii) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE TO THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. ACCOUNT. (THE TRANSFER WOULD BE POSSIBLE ONLY IF THE IDENTIFIED CYC 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 INFORMATION FORM THROUGH UAN SAILED MEMBER PORTAL.

DATE:
PLACE:

SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER:

- A. THE ABOVE MEMBER HAS _____ HAS JOINED OR _____ AND HAS BEEN ALLOTTED PF MEMBER ID _____
- B. IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 1946:
 - (Post Allocation of UAN) The UAN allotted for the member is _____
 - PLEASE TICK THE APPROPRIATE OPTION:
 - (i) THE CYC 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 US.
- C. IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEME, 1952 AND EPS, 1946:
 - THE ABOVE MEMBER ID OF THE MEMBER AS MENTIONED IN (A) ABOVE HAS BEEN LINKED WITH HIS/HER UAN/PREVIOUS MEMBER ID ALLOTTED BY MEMBER.
 - PLEASE TICK THE APPROPRIATE OPTION:-
 - (i) THE CYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE BEEN APPROVED WITH DIGITAL SIGNATURE CERTIFICATE AND TRANSFER REQUEST HAS BEEN GENERATED ON PORTAL.
 - (ii) AS THE CASE 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