



THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (Paragraph 34)

AND

THE EMPLOYEES' PENSION SCHEME, 1995 (Paragraph 24)

**Declaration by a person taking up employment in an establishment in which the Employees' Provident Funds & Employees' Pension Scheme enforce**

I \_\_\_\_\_ Son/ wife/ daughter of \*Sh. \_\_\_\_\_  
(Name of Employee)

do hereby solemnly declare that :-

(a) I was employed in M/s \_\_\_\_\_  
(Name and Full Address of the immediate previous employer)  
and left service on \_\_\_\_\_ prior to that, I was employed in \_\_\_\_\_  
(Date of leaving with immediate previous employer) from \_\_\_\_\_ to \_\_\_\_\_  
(Name and Full Address of the second last employer, if any) (Date of joining & leaving with second last employer, if any)

(b) I was member of \_\_\_\_\_  
(Name of PF Trust / Address of PF Office of immediate previous employer)  
Provident Fund and **also/but not\*** of the Pension Fund from \_\_\_\_\_ to \_\_\_\_\_  
(Date of joining & leaving with immediate previous employer).  
and my account number (s) was/were \_\_\_\_\_  
(PF No. with Establishment Code of immediate previous employer)

(c) I **have / have not\*** withdrawn the amount of my Provident Fund/Pension Fund.

(d) I **have / have not\*** drawn any superannuation benefits in respect of my past service from any employer.

(e) I **have / have never\*** been a member of any Provident Fund and/or Pension Fund.

(f) I am **drawing / not drawing\*** Pension under EPS 95.

(g) I am a **holder / not holder\*** of scheme Certificate.

(h) Scheme certificate **surrendered / not surrendered\***.

*\*Strike out whichever is not applicable.*

Date \_\_\_\_\_  
(Date of joining of employee)

\_\_\_\_\_  
Signature or left hand thumb  
impression of the employee

Shri/Smt. \_\_\_\_\_ is appointed as \_\_\_\_\_  
(Name of Employee) (Designation with Co.)

in M/s \_\_\_\_\_ with effect from \_\_\_\_\_  
(Name of the present employer) (Date of appointment)

P.F. Account Number \_\_\_\_\_  
(PF No. with Estt. Code of present employer)

Date \_\_\_\_\_  
(Date of joining of employee)

\_\_\_\_\_  
Signature of the Employer/Manager or Other  
Authorised Officer with Office Seal