

Onboarding Application

Personal details

First Name (As per Aadhar Only):		Date Of Birth:	
Middle Name (As per Aadhar Only):		Gender:	
Last Name:		Personal Mobile Number:	
Blood Group:		Nationality:	
Marital Status:			

Family Details

Father's Name (As per Aadhar Only):		Mother's Name	
Emergency Contact Person Name:		Emergency Contact Person Mobile No.:	
Emergency Contact Relation:			

Address

Current Flat/House/Wing Number:		Permanent Flat/House/Wing Number:	
Current Street/Locality/Area:		Permanent Street/Locality/Area:	
Current Landmark:		Permanent Landmark:	
Current Pincode:		Permanent Pincode:	
Current Country:		Permanent Country:	
Current State:		Permanent State:	
Current City:		Permanent City:	

Compliance Section

Bank Name:		Are you a currently member of PF Pension Scheme?:	
Beneficiary Name:		Universal Account Number(UAN) (Please generate UAN no. in case not available):	
Bank A/C:		ESIC/IP Number (Insured Persons Number):	
IFSC code:		Nomination Name	
		Nomination (Percentage)	

Mandatory Documents

Cancelled Cheque (Bank Details)		Passport Size Photo	
Aadhar card No.:		Pan Card No.:	

Documents Checklist

Aadhar Card		PAN	
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Cancelled Cheque		10 th Marksheet/Certificate	
<p>Please affix your passport sized photo</p>			Signature
		Date: Place:	
For Office Use			
Employee Code		Location	

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	
2.	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	
3.	Date of Birth: (DD / MM / YYYY)	
4.	Gender: (Male/Female/Transgender)	
5.	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	
6.	(a) Email ID: (b) Mobile No.:	
7.	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No
8.	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No
9.	Previous employment details: [if Yes to 7 AND/OR 8 above] 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)	
	e) Pension Payment Order (PPO) No. (if issued)	
10.	a) International Worker:	Yes / No
	b) If yes, state country of origin (India/Name of other country)	
	c) Passport No.	
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	
11.	KYC Details: (attach self attested copies of following KYCs)	
	a) Bank Account No. & IFS Code	
	b) AADHAR Number	
	c) Permanent Account Number (PAN), if available	

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

FORM 2 (REVISED)
Nomination and Declaration form for Unexempted/Exempted Establishments

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

1. Name (in BlockLetters) :
2. Father's/ Husband's Name: :
3. Date of Birth :
4. Sex :
5. Marital Status :
6. Account No. :
7. Address: Permanent:
- Temporary:
8. Date of Joining :

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 nominee/nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulation in Provident Fund to be paid to each nominee	If the nominee is a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5	6

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.
 subscriber

Signature or thumb impression of the

PART B (EPS) (Para 18)

I hereby furnish below particular of the members of my family who would be eligible to receive widow/ children pension in the event of my death.

S No.	Name and Address of the family member		Date of Birth	Relationship with member
	Name	Address		
1	2	3	4	5
1.				
2.				
3.				
4.				
5.				

**Certified that I have no family as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 162(a)(i) and (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
1	2	3

Date :.....

Signature or thumb impression of the subscriber

**Strike out whichever is not applicable

CERTIFICATE BY EMPLOYER

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

Place :.....

.....

Signature of the employer or other Authorized Officers of the Establishment

Destination

FORM 'F'

[See sub-rule (1) of rule 6]

Nomination

To

[Give here name or description of the establishment with full address]

I. Shri/Shrimati/Kumari whose particulars are given in the statement below,
[Name in full here]
hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.

4.

(a) My father/mother/parents is/are not dependent on me.

(b) my husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the to the Controlling Authority in terms of the proviso to clause (h) of section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1.			
2.			
3.			
so on.			

Statement

1. Name of employee in full.
2. Sex.
3. Religion.
4. Whether unmarried/married/widow/widower.
5. Department/Branch/Section where employed.
6. Post held with Ticket or Serial No., if any.
7. Date of appointment.
8. Permanent address.

Village Thana Sub-division Post Office

District State.....

Place
Date

Signature/Thumb impression
of the employee

Declaration by witnesses

Nomination signed/thumb impressed before me.

Name in full and full
address of witnesses.

Signature of witnesses.

1.
2.

1.
2.

Place

Date

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Signature of the employer/
officer authorised

Designation

Date

Name and address of the
establishment or rubber stamp
thereof.

Acknowledgement by the employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date

Signature of the employee



घोषणा पत्र DECLARATION FORM

फार्म-1/Form-1

घोषणा पत्र कर्मचारी द्वारा भरा जाएगा। फार्म के साथ पोस्टकार्ड आकार के दो फोटोग्राफ भी लगाए जाने चाहिए। फार्म भरने से पहले पीठ पृष्ठ पर दी गई हिदायतों को भली-भांति पढ़ लेना चाहिए। यह फार्म निःशुल्क है।

To be filled by employee after reading instruction overleaf. Two Postcard Size photographs to be attached with the form. This form is free of cost.

(क) बीमाकृत व्यक्ति के विवरण

(ख) नियोजक के विवरण

(A) INSURED PERSON'S PARTICULARS

(B) EMPLOYER'S PARTICULARS

1. बीमा संख्या/Insurance No.					
2. नाम (स्पष्ट अक्षरों में) Name in block letters					
3. पिता/पति का नाम Father's/Husband's Name					
4. जन्म की तिथि Date of Birth		दिन Day	महीना Month	वर्ष Year	5. वैवाहिक प्रास्थिति Marital Status
					विवाहित/ अविवाहित विधवा M/U/W
					6. लिंग/Sex पु.म./M.F.
7. वर्तमान पता/Present Address			8. स्थायी पता/Permanent Address		
पिन कोड Pin Code			पिन कोड Pin Code		
टेलीफोन नम्बर/ई-मेल पता/ Branch Office			टेलीफोन नम्बर/ई-मेल पता/ Dispensary		

9. नियोजक की कूट संख्या Employer's Code No.			
10. नियुक्ति की तारीख Date of Appointment	दिन Day	महीना Month	वर्ष Year
11. नियोजक का नाम और पता/Name & Address of the Employer			
12. यदि पहले नियोजन में रहे हैं तो कृपया निम्नलिखित ब्यौरे दीजिए In case of any previous employment please fill up the details as under.			
(क) पिछली बीमा संख्या (a) Previous Ins. No.			
(ख) नियोजक कूट संख्या (b) Employer's Code No.			
(ग) नियोजक का नाम व पता (c) Name & Address of the Employer			
टेलीफोन नम्बर/ई-मेल पता/e-mail address			

(क) मृत्यु की स्थिति में नकद हितलाभ के भुगतान के लिए क.रा.बी. अधिनियम, 1948 की धारा 71/क.रा.बी. (केन्द्रीय) नियम, 1950 के नियम 56(2) के अंतर्गत नामित के ब्यौरे।
(c) Details of Nominee u/s 71 of ESI Act 1948/Rule-56(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the event of death.

नाम/Name	नातेदारी/Relationship	पता/Address

मैं एतद्वारा घोषणा करता/करती हूँ कि मेरे द्वारा प्रस्तुत किए गए विवरण मेरी जानकारी और विश्वास के अनुसार सही है। मैं अपने परिवार के सदस्यों में हुए परिवर्तन की सूचना 15 दिन के भीतर प्रस्तुत करने का वचन भी देता हूँ/देती हूँ।

I hereby decalare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the corporation any changes in the membership of my family within 15 days of such change.

नियोजक के प्रतिहस्ताक्षर
Counter signature by the employer

बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठा निशान
Signature /T.I.of IP.

सील सहित हस्ताक्षर
Signature with seal

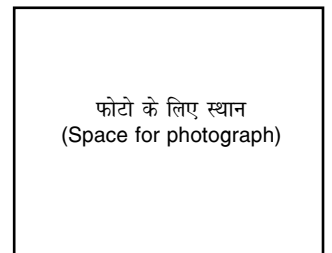
(घ) बीमाकृत व्यक्ति के परिजनों का विवरण
(D) Family Particulars of Insured person

क्र.सं. Sl. No.	नाम Name	फार्म भरने की तारीख को आयु/जन्म-तारीख Date of Birth/Age as on date of filling form	कर्मचारी के साथ नातेदारी Relationship with the Employee	क्या उनके साथ रह रहे हैं? बताएं Whether residing with him/her.		यदि नहीं तो आवास का स्थान दर्शाएं If No' state Place of Residence	
				हाँ/Yes	नहीं/No	कस्बा/Town	राज्य/State

क.रा.बी. निगम अस्थायी पहचान पत्र
ESI Corporation Temporary Identity Card

(नियुक्ति की तारीख से 3 महीने तक वैध)
(Valid for 3 month from the date of appointment)

नाम/Name	
बीमा संख्या/Ins. No.	नियुक्ति की तारीख/Date of appointment
शाखा कार्यालय Branch Office	औषधालय Dispensary
नियोजक की कूट संख्या व पता Employer's Code No. & Address	



वैधता
Validity

तारीख
Dated

बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठे का निशान
Signature/T.I. of I.P.

सील सहित शाखा प्रबंधक के हस्ताक्षर
Signature of B.M. with seal

