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illiterate female member.

## FORM NO. 11(Revised)

## THE EMPLOYEES PROVIDENT FUND SCHEME, 1952(Paragraph 34) and THE EMPLOYEES PENSION SCHEME, 1995(Paragraph 24) Declaration by a person taking up employment in the establishment

•	S/O, W/O, Dau	gnter 01	
Oo hereby solemnly declare th	at :-		
(a) I was employed in M/s			
	E & FULL ADDRESS OF T		
employed in			
with PF A/c No	From	To	
b). I am a member of the per	nsion fund from	To	and copy of the
scheme certificate is en			
d). I have/ have not drawn a past service in any estal			
d). I have/ have not drawn a past service in any estal	olishment. a member of any Provident Fu  * Signature of	nd and/ or Pension	Fund.
d). I have/ have not drawn a past service in any estal e). I have/ have never been DATE:	olishment. a member of any Provident Fu  * Signature o  Certificate.	nd and/ or Pension	Fund.
d). I have/ have not drawn a past service in any estal e). I have/ have never been  DATE:  Encl: Copy of the Scheme of the beta by the employer.	olishment. a member of any Provident Fu  * Signature o  Certificate.	nd and/ or Pension	Fund.  Inpression of the employee
DATE:  Encl: Copy of the Scheme  To be filled by the employe  (1) Shri / Smt. / Miss	* Signature of Certificate.  (Name of Employee)	nd and/ or Pension in left hand thumb inis appointed as	Fund.  Appression of the employee.  (Designation)
d). I have/ have not drawn a past service in any estable). I have/ have never been  DATE:  Encl: Copy of the Scheme  To be filled by the employe  (1) Shri / Smt. / Miss  in M/s	olishment. a member of any Provident Fu  * Signature of Certificate.  (Name of Employee)	nd and/ or Pension left hand thumb in left appointed as_ ith effect from	Fund.  Inpression of the employee  (Designation)
d). I have/ have not drawn a past service in any estable). I have/ have never been  DATE:  Encl: Copy of the Scheme  To be filled by the employe  (1) Shri / Smt. / Miss  in M/s	* Signature of Certificate.  (Name of Employee)	nd and/ or Pension in left hand thumb inis appointed as	Fund.  Inpression of the employee.  (Designation)
d). I have/ have not drawn a past service in any estal e). I have/ have never been  DATE:  Encl: Copy of the Scheme  To be filled by the employe  (1) Shri / Smt. / Miss  in M/s  (Name of Facto	* Signature o  Certificate.  (Name of Employee)  ry / Establishment)  cate is enclosed.	nd and/ or Pension left hand thumb in left appointed as_ ith effect from	Fund.  Inpression of the employee  (Designation)