



**Composite Declaration Form - 11**  
(To be retained by the employer for future reference)  
**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 EP5, 1995 is applicable)

1	Name of the member	BIKRAM KESHARI JENA
2	Father's Name	BIMOD BIHARI JENA
	Husband's Name	
3	Date of Birth: (DD/MM/YYYY)	02/06/1996
4	Gender: (Male/Female/Transgender)	MALE
5	Marital Status (Married/Unmarried/Widow/Widower/Divorcee)	Unmarried
6	(a) Email ID:	bikramkesharijena11@gmail.com
	(b) Mobile No.:	9658148011
7	<b>Present employment details:</b> Date of Joining in the current establishment (DD/MM/YYYY)	
8	<b>KYC Details</b> (attach self attested copies of following KYCs) a) Bank Account No. : b) IFS Code of the branch: c) Aadhaar Number d) Permanent Account Number (PAN), if available	066310100052620 UBIN0810584 9416 27593148 BNPPT9937A
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952 (Yes/No)	
10	Whether earlier a member of Employees' Pension Scheme, 1995 (Yes/No)	
11	<b>Previous employment details: (If Yes to 9 AND/OR 10 above) Un-exempted</b>	
	Establishment Name	
	Establishment Address	
	Universal Account Number (UAN)	101681018988
	PF Account Number	
	Date of Joining (DD/MM/YYYY)	10/02/2021
	Date of Exit (DD/MM/YYYY)	01/03/2025
	Scheme Certificate No. (If issued)	
	PPO Number (If issued)	
	Non-Contributory Period (NCP) Days	
12	<b>Previous employment details: (If Yes to 9 AND/OR 10 above) - For Exempted Trusts</b>	
	Name of the Trust	
	Address of the Trust	
	Universal Account Number (UAN)	101681018988
	Member EPS A/c Number	
	Date of Joining (DD/MM/YYYY)	10/02/2021
	Date of Exit (DD/MM/YYYY)	01/03/2025
	Scheme Certificate No. (If issued)	
	Non-Contributory Period (NCP) Days	
13	<b>a) International Worker (Yes/No.)</b>	
	<b>b) If yes, State Country or Origin (India/Name of other Country)</b>	
	<b>c) Passport No.</b>	
	<b>d) Validity of Passport From (DD/MM/YYYY)</b>	
	<b>To (DD/MM/YYYY)</b>	

### UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorise EPFO to use my Aadhaar 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 as I am an Aadhaar verified employee in my previous PF Account.\*
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: 10/03/2025  
Place: BHADRAK

Bikram Keshari Jena

Signature of Member

### DECLARATION BY PRESENT EMPLOYER

A The member Mr./Ms./Mrs. BIKRAM KESHAR JENA has joined on \_\_\_\_\_ and has been allotted PF No. \_\_\_\_\_ and UAN \_\_\_\_\_

B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995

\* 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/e-sign

C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995

\* Please Tick the Appropriate Option

- ☐ The KYC details of the above member in the UAN database have been approved with E-sign/Digital Signature Certificate and transfer request has been generated on Portal.
- ☐ The previous Account of the member is not Aadhaar verified and hence physical transfer form shall be initiated

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employer with Seal of  
Establishment

\* Auto transfer of previous PF account would be possible in respect of Aadhaar verified employees only. Other employees are requested to file physical claim (Form - 13) for transfer of account from the previous establishment.

(FORM 2 REVISED)

**NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS**

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

1. Name (IN BLOCK LETTERS): BIKRAM KESHARI JENA Jena  
Name Father's / Husband's Name Surname

2. Date of Birth: 02/06/1996 3. Account No. \_\_\_\_\_

4. \*Sex : MALE/FEMALE: MALE 5. Marital Status \_\_\_\_\_

6. Address Permanent / Temporary : ATIPPO - KAKUDZ KUDA  
DEST - JATPUR, ODISHA PIN - 755005

**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 the Nominee (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
SANGHARIJA JENA	AT-KAKUDZ KUDA	MOTHER	20/02/1977	100%	

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

  
Signature/or thumb impression of the subscriber

**PART - (EPS)**  
Para 18

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow/Children Pension in the event of my premature death in service.

Sr. No	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)
1	BINOD BIHAR JENA, AT - KAKUDZ KUDA	60	FATHER
2	SANGHARIJA JENA - ATIPPO - KAKUDZ KUDA	57	MOTHER
3	BIJAN CHANDAN JENA - KAKUDZ KUDA	30	BROTHER

Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2 (a) (i) & (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
SANGHAMITRA JENA AT- KAKUDI KUDA PO- KAKUDI KUDA DIST. JAJAPUR PIN- 755005, ODISHA	20/02/1971	Mother

Date 7/4/25

  
Signature or thumb impression  
of the subscriber

#### CERTIFICATE BY EMPLOYER

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

Date : \_\_\_\_\_

Signature of the employer or other authorised officer of the establishment

Name & address of the Factory /Establishment

Place :

Date :

# घोषणा पत्र DECLARATION FORM

घोषणा पत्र कर्मचारी द्वारा भरा जाएगा। फार्म की साथ पोस्टकार्ड आकार के दो फोटोग्राफ भी लगाए जाने चाहिए। फार्म भरने से पहले पीठ पृष्ठ पर दी गई दिशायुक्तों को ध्यान से पढ़ लेना चाहिए। यह फार्म नि:शुल्क 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

(A) INSURED PERSON'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 प्रस्थिति Marital Status
		10	06	96	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		

(ख) नियोजक के विवरण

(B) EMPLOYER'S PARTICULARS

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 ब्यौर 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 करा.बी. अधिनियम, 1948 की धारा 71/करा.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	संबंध/Relationship	पता/Address
Binod Bihari Jena	Father	Jajpur

मैं एतद्वारा घोषणा करता/करती हूँ कि मेरे द्वारा प्रस्तुत किए गए विवरण मेरी जानकारी और विश्वास के अनुसार सही हैं। 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 declare 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

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
1	Binod Bihari Jena	26/4/94	Father	हाँ/Yes	कस्बा/Town राज्य/State
2	Sanghamitra Jena	20/2/93	Mother	हाँ/Yes	कस्बा/Town राज्य/State

करा.बी. निगम अस्थायी पहचान पत्र

ESI Corporation Temporary Identity Card

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	

(नियुक्ति की तारीख से 3 महीने तक वैध)

(Valid for 3 month from the date of appointment)

फोटो के लिए स्थान  
(Space for photograph)

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

दिनांक

तारीख

Dated

Feb 11, 2021, 12:34

# अनुदेश INSTRUCTIONS

- फार्म-1 का प्रेषण क.रा.बी. (साधारण) विनियम, 1950 के विनियम 11 व 12 के अंतर्गत विनियमित किया जाता है।  
Submission of Form-1 is governed by regulation 11 & 12 of ESI (General) Regulations, 1950
- "कुटुम्ब" से किसी बीमाकृत व्यक्ति के निम्नलिखित सभी अथवा कोई नातेदार अभिप्रेत है:-  
अर्थात्:- (1) विवाहिती (2) बीमाकृत व्यक्ति पर आश्रित कोई धर्मज या दत्तक अवयस्क आश्रित बालक, (3) कोई बालक जो बीमाकृत व्यक्ति के उपार्जन पर पूर्णतः आश्रित है तथा जो (क) शिक्षा प्राप्त कर रहा है, उनके 21 वर्ष की आयु प्राप्त कर लेने तक (ख) कोई अविवाहित पुत्री, (4) कोई बालक जो किसी शारीरिक अथवा मानसिक अपसामान्यता या चोट के कारण शिथिलांग है तथा शिथिलांगता रहने तक बीमाकृत व्यक्ति के उपार्जन पर पूर्णतः आश्रित है, (5) आश्रित माता-पिता, (ब्योरे हेतु क.रा.बी. अधिनियम, 1948 की धारा 2 के खंड 11 को देखें)।  
"Family" means all or any of the following relatives of an Insured Person namely:-  
(i) a spouse (ii) a minor legitimate or adopted child dependant upon the I.P.; (iii) a child who is wholly dependant on the earnings of the I.P. and who is (a) receiving education, till he or she attains the age of 21 years (b) an unmarried daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependant on the earnings of the I.P. so long as the infirmity continues; (v) dependant parents (Please see Section 2 clause 11 of the ESI Act 1948 for details.
- पहचान-पत्र अहस्तान्तरणीय है।  
Identity Card is Non-Transferable.
- पहचान-पत्र के गुम होने की स्थिति में नियोजक/शाखा प्रबंधक को तत्काल सूचित किया जाए।  
Loss of Identity Card be reported to Employer/Branch Manager immediately.
- किसी प्रकार की गलत सूचना देने की स्थिति में क.रा.बी. अधिनियम, 1948 की धारा-84 के तहत कानूनी कार्यवाही की जा सकती है।  
Submission of false information attracts penal action Under Section 84 of ESI Act. 1948.
- नई नियुक्ति की स्थिति में भली-भांति भरा हुआ यह फार्म नियुक्ति के दस दिन के भीतर संबंधित शाखा कार्यालय में अवश्य ही प्रस्तुत किया जाना चाहिए। विलम्ब की स्थिति में नियोजक के विरुद्ध धारा-85 के तहत कानूनी कार्यवाही की जा सकती है।  
This form duly filled in must reach the concerned Branch Office within 10 days of appointment of an Employee. Delay attracts penal action under Section 85 of the Act, against employer.
- बीमाकृत व्यक्ति होने के नाते आप व आपके परिवार के आश्रितजन चिकित्सा हितलाभ प्राप्त कर सकेंगे। अन्य नकद हितलाभ हैं, (1) बीमारी हितलाभ (2) अस्थायी अपंगता हितलाभ (3) स्थायी अपंगता हितलाभ (4) आश्रितजन हितलाभ (5) प्रसूति हितलाभ (महिला कर्मचारी के लिए)।  
As an insured person you and your dependant family membes are entitled to full medical care. The other benefits in cash include (1) Sickness Benefit (2) Temporary Disablement benefit (3) Permanent disablement Benefit (4) Dependants benefit and (5) Maternity Benefit (in case of woman employees) subject of fulfillment of contributory cnditions.
- अधिक जानकारी के लिये कृपया निगम के वेबसाइट को देखें या शाखा कार्यालय या क्षेत्रीय कार्यालय से संपर्क करें।  
For more details please contact website of ESIC at [www.esic.org.in](http://www.esic.org.in). or contact Regional Office or Branch Office.

केवल शाखा कार्यालय में प्रयोग हेतु For Branch Office Use only	
1.	बीमा संख्या आवंटन की तारीख : Date of allotment of Ins. No. : _____
2.	अस्थायी पहचान पत्र जारी करने की तारीख : Date of Issue of T.I.C. : _____
3.	औषधालय का नाम/संख्या : Name /No. of Dispensary : _____
4.	क्या अन्योन्य चिकित्सा व्यवस्था उपलब्ध है? यदि हां, तो उल्लेख करें : Whether reciprocal Medical arrangements involved. if yes, please indicate : _____
शाखा प्रबंधक के हस्ताक्षर Signature of Branch Manager	

क्र.सं. Sl. No.	नाम Name	फार्म भरने की तारीख को आयु/जन्य-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
				हां/Yes	नहीं/No
					कस्बा/Town
					राज्य/State

# Payment of Wages (Nomination) Rules, 2009

## FORM - I

Nomination and Declaration Form  
(See Rule 3)

1. Name of Person making nomination BIKRAM KESHARI JENA  
(in block letters)  
2. Father's/Husband's name BINOD BIHARI JENA  
3. Date of Birth 02/06/1996  
4. Sex MALE  
5. Marital Status UNMARRIED  
6. Address  
Permanent AT - KAKUDIKUDA PO - KAKUDIKUDA  
Temporary DIST. JAJPUR PIN- 755005

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, 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 s in credit to be paid to each nominee	If the nominee is a minor, name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
Binod Bihari Jena	Kakudi Kuda	Father	26/4/1964	5000	5000

1. Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.
2. \*Certified that my father/mother is/are dependent on me.
3. \*Strike out whichever is not applicable.

Bikram Keshari Jena  
Signature or thumb impression  
of the employed person

CERTIFIED BY EMPLOYER

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

BIKRAM KESHARI TANA

Signature of the employer or other authorised  
Officer of the establishment and  
Designation

Place: BHADRAK

Date: 10/09/2025

Name and Address of the Factory/Establishment and rubber stamp thereof

**Spandana Sphoorty Financial Limited**  
Galaxy, Wing B, 16th Floor, Plot No.1, Sy No 83/1,  
Hyderabad Knowledge City, TSIC, Raidurg  
Panmaktha, Hyderabad, Rangareddy, TS 500081 IN

**FORM - 'F'**  
[See sub-Rule (1) of Rule 6]  
**Nomination**

To,

**Spandana Sphoorty Financial Limited**, Galaxy, Wing B, 16th Floor, Plot No.1, Sy No 83/1., Hyderabad Knowledge City, TSIC, Raidurg Panmaktha., Hyderabad Rangareddy, TS 500081 IN

I, Shri/Shrimati/Kumari BIKRAM KESHAR JENA

whose particulars are given in the statement below, 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. The nomination made herein invalidates my previous nomination.

**NOMINEE(S)**

S1. No	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	4
1.	SANGHAMITRA JENA	Mother	20/02/1971	
2.				
3.				

**Statement**

1. Name of employee in full:	BIKRAM KESHARI JENA
2. Sex:	MALE
3. Religion:	HINDU
4. Whether unmarried/married/widow/widower:	UNMARRIED
5. Department/Branch/Section where employed:	
6. Post held with Ticket No. or Serial No. if any:	

7. Date of appointment:	
8. Permanent address:	

Place: Bhadrak

  
Signature/Thumb impression of the employee

Date: 4/4/05

**Declaration by witnesses**  
Nomination signed/thumb impressed before me:

Name in full and full address of witnesses:

Signature of witnesses:

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 authorized  
Designation

Name and address of the establishment or rubber stamp thereof.  
Spandana Sphoorty Financial Limited  
Galaxy, Wing B, 16th Floor, Plot No.1, Sy No 83/1,  
Hyderabad Knowledge City, TSIIC, Raidurg Panmaktha,  
Hyderabad, Rangareddy, TS 500081 IN

**Acknowledgement by  
employee**

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

Date: 4/9/05

  
Employee's Signature