

उत्तर बिहार ग्रामीण बैंक  
प्रधान कार्यालय, कलमबाग चौक  
मुज़फ्फरपुर, बिहार, 842 001



**UTTAR BIHAR GRAMIN BANK**  
HEAD OFFICE, KALAMBAGH CHOWK  
MUZAFFARPUR, BIHAR, 842 001

(Sponsored By :: Central Bank of India )  
☎ 2248141(D), 2267918 Fax::(0621)2243088

Website :: [www.ubgb.in](http://www.ubgb.in)

E-mail [smprs@ubgb.in](mailto:smprs@ubgb.in)

Head Office

Date ::

**Personal Information Sheet**

Name ( In Capital letters)	
Fathers/Husband Name	
Mother's Name	

Date of Birth		Gender	
Marital Status		Category	
Physically Handicapped		Percentage	

Highest Educational Qualification	
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**Bank Account Details:-**

Bank Name	
Account No	
IFSC CODE	

PAN No		P																	
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Aadhaar No																				
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Phone No																				
Alternate No																				
E-Mail ID (In Capital Letters)																				

• Submit Xerox copies of : Bank passbook, Pan card & Aadhaar card.

**Nominee Details :-**

S.no	Name of Nominee	Relationship	Share %
1			
2			
3			
4			

Place:

Signature of Candidate

E:\works Rajiv\LETTERS Regional office



**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.	<b>Previous employment details: [if Yes to 7 AND/OR 8 above]</b> 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.	<b>KYC Details: (attach self attested copies of following KYCs)</b> 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



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) : \_\_\_\_\_ Name Father's / Husband's Name Surname
2. Date of Birth : \_\_\_\_\_ 3. Account No. \_\_\_\_\_
4. \*Sex : MALE/FEMALE: \_\_\_\_\_ 5. Marital Status \_\_\_\_\_
6. Address Permanent / Temporary : \_\_\_\_\_

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.

Table with 6 columns: 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 \*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.

Table with 4 columns: Sr. No, Name & Address of the Family Member, Age, Relationship with the member.



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

Date \_\_\_\_\_

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 :

