

**Joint Declaration By the Member and The Employer**

**Date:**

To

**The Regional P F Commissioner  
55/2 Nidhi Bhwan Sanjay Place Agra**

**Sub: Joint declaration by the member and the employer**

Dear Sir,

I, \_\_\_\_\_ am/ was an employee / ex employee of  
\_\_\_\_\_ furnishing below herewith correct details with aforesaid  
establishment :-

<b>Particulars</b>	<b>Correct</b>	<b>Wrong</b>
<b>Name</b>		
<b>Father/ Husband Name</b>		
<b>PF / EPS Account No. / UAN</b>		
<b>Date of Birth (DD/MM/YYYY)</b>		
<b>Date of joining (DD/MM/YYYY)</b>		
<b>Date of leaving (DD/MM/YYYY)</b>		

I am also enclosing herewith self attested copy of ID proof (**Any one**-PAN card/ Voters' Identity Card/ Passport/ Driving License/ Aadhar Card) for your ready reference.

Therefore, you are requested to make necessary changes in your records (if required) under intimation to me. An early action in this regard will be highly appreciated.

Yours Faithfully

Name & Signature of Applicant :

Name of Authorized Signatory :

Signature With Establishment Seal :

Encl.: As Above

**AFFIDAVIT TO BE SIGNED BY EMPLOYER**

This is to certify that Sh. ....s/o Sh. ....  
is/was an employee of our establishment M/s ..... Bearing PF Code no.  
as .....

It is certified that Sh. .... has credentials as mentioned below and  
are required to be corrected as: -

Details	Wrong Details (Present Details)	Correct Details (Proposed Details)
Name as per Aadhaar		
Father's Name		
Aadhaar		
Date of Birth		
Date of joining		
Date of leaving		
Address		

It is certified that Sh..... has worked in our establishment from  
..... to ...../till date (whichever is applicable).

It is certified that due to some clerical mistake, certain wrong details of employee like  
Name, Father's Name, Date of Birth, Date of Joining/Leaving etc. have been entered into the  
member profile by the establishment.

It is certified that in order to get it rectified the establishment is also enclosing and  
forwarding the Joint Declaration Form alongwith all the necessary documents for onward  
submission and necessary action by the EPFO.

It is certified that I, ..... s/o Sh..... r/o  
.....being the  
employer i.e. Proprietor/Director/Owner of the said establishment (as defined in Section 2 of  
the EPF & MP Act, 1952) take full and complete responsibility for the corrections mentioned  
in the said Form and if any error/fraud occurs in future due to the said corrections made, I  
shall be responsible for the same.

Further, it is also assured that such acts of negligence on the part of establishment  
while submitting details of employees shall not occur in future.

.....  
Sh. ....

(Signature and Name of the Proprietor/Director/Owner)