

## JONT DECLARATON FORM - I

[Form to be used for enrolling to the Employees' Provident Fund in respect of the employees whose Total wages exceed the wage ceiling limit of Rs.6,500/- per month on the date of joining the establishment and for remitting the P.F. contributions as per Statutory Rate only]

(See Paragraph 26(6) and Para 29 of the Employees' Provident Funds Scheme, 1952)

To  
The Regional Provident Fund Commissioner,

### Declaration by the Employee:

I,  
Son of / Daughter of / Wife of  
Bearing Provident Fund Account No.  
am willing to become member of the Employees' Provident Funds Scheme, 1952 with effect from \_\_\_\_\_ and to contribute to the Employees' Provident Fund at the Statutory Rate as prescribed under Para 29 of the Employees' Provident Funds Scheme, 1952 on my Emoluments consisting of Basic Pay, Dearness Allowance (including cash value of food concession) and Retaining Allowance (if any), which altogether not exceeding Rs.6,500/- per month with effect from \_\_\_\_\_.

I agree to abide by the conditions contained in the Employees' Provident Funds Scheme, 1952

Therefore, kindly permit me to enroll myself as Member of the Employees' Provident Fund and to contribute on my Emoluments not exceeding Rs.6,500/- per month with same benefits as available to other Provident Fund members whose monthly salary does not exceed Rs.6,500/- with effect from \_\_\_\_\_.

Signature of the Employee

Place:

Dated:

### Declaration by the Employer:

We, as the Employers of the above mentioned Employee are willing to pay our share of contributions to the Employees' Provident Fund at the Statutory Rate as prescribed under Para 29 of the Employees' Provident Funds Scheme, 1952 on the Emoluments of

Shri/Smt/Ms. \_\_\_\_\_ consisting of Basic Wages, Dearness Allowance (including cash value of food concession) and Retaining Allowance (if any), which altogether **not exceeding Rs.6,500/- per month** and agree to remit the Administrative Charges at the existing prescribed rate of 1.10% of the wages of the above employee on which the Provident Fund contributions are payable with effect from \_\_\_\_\_ and also agree to abide by the conditions contained in the Employees' Provident Funds Scheme, 1952.

The above Employee, may there fore be permitted to become Member of the Employees' Provident Fund and to contribute on the emoluments not exceeding Rs.6,500/- per month from the aforesaid date.

Signature of the Employer or  
Authorised Official with Seal.

Place:

Dated: \_\_\_\_\_

For Office use:

#### OFFICE OF THE REGIONAL PROVIDENT FUND COMMISSIONER

The above Joint Declaration is accepted and necessary entries made in the Ledger Account of the Employee for verification with the Contribution Card in Form 3-A.

A.O. (with Seal)

A.P.F.C. (with Seal)

To

01. Shri / Smt / Ms  
P.F. Account No.

(Through the Employer)

02. M/s.

(\* Address Seal of the Establishment)

03. Area Enforcement Officer

Note: 1. This Joint Declaration is required to be submitted in Quadruplicate.

2. Recovery of P.F. contribution may be started in anticipation of formal acceptance.

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