



# SINHGAD TECHNICAL EDUCATION SOCIETY

(Regd. No. MAH / 7199-93 / Pune dt. 6/7/93 & F-8282 (Pune) dt. 12/8/93)

19/15, Erandwane, Smt. Khilare Marg, Off Karve Road, Pune - 411 004.

Telefax : (020) 2545 4008 E-mail : stes@sinhgad.edu Website : www.sinhgad.edu

**PROF. M. N. NAVALE**  
M.E. (ELECT.) MIE., MBA.  
FOUNDER PRESIDENT

**DR. (MRS.) SUNANDA M. NAVALE**  
B.A., MPM, Ph.D.  
FOUNDER SECRETARY

STES/PF/2011/007

Date: 11.01.2011

## CIRCULAR

**Sub.: Employees Provident Fund Timely submission of information**

**Reference: Circular No. STES / PF / 2009 / 179 dtd. 22<sup>nd</sup> July 2009**

Detailed guidelines and instructions in respect of timely submission of monthly information about deduction of Employees share of EPF from their salary and other EPF matters were issued to all under circular of 22<sup>nd</sup> July 2009 referred to above.

In spite of clear instructions, it has been observed that those are not followed scrupulously for example;

- (a) Monthly statements in respect of deductions are not submitted to head office by 7<sup>th</sup> of each month.
- (b) Form No.11 duly filled by the employees is not obtained by the Institutes from the concerned employees before his salary for the first month is drawn.
- (c) Photocopies of Form No.11 duly filled by the employees are not forwarded to the Central Office at Erandwane Campus.

All heads of the Institutes / Colleges / Schools / Offices are therefore once again instructed to;

- (I) Ensure that monthly statements in respect of deduction of EPF contribution of the employees are submitted to the Personnel Department, at Erandwane Campus by **7<sup>th</sup> of every month positively**. Delay in submission of the monthly statement will be viewed seriously and penalty if any levied by the Provident Fund Dept. will be recovered from the concerned Heads of the Institutes and employees who are responsible for delay.



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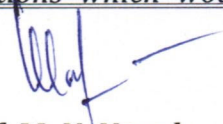
(II) Form No.11 shall be obtained from all existing employees irrespective of whether they are members of EPF or not. Appropriate points (a) to (e) whichever is applicable to him/her shall be clearly indicated by the concerned employees.

*It should be noted that in future even, if an employee was not covered for EPF in his/her earlier employment, Form No.11 must be obtained from him/her. In such case, he/she will tick / confirm Sr. No. (e) of the said form. The revised format of Form No.11 is attached herewith for ready reference.*

(III) As instructed earlier Form No.11 duly filled in as above should be kept in their personal files along with service book and photocopy of the same should be submitted to the Personnel Department, Erandwane Campus immediately.

All the Heads of Institutes / Colleges / Schools / Offices are therefore directed to follow above instructions scrupulously. Any lapse/delay in submission of the information will be treated as violation of these instructions which would attract penalty.

Encl: Format of Form No.11

  
Prof. M. N. Navale

President

To,

- 1) All Directors in Central Office, STES
- 2) Principals / Directors of all Institutes/Colleges/Schools of STES.
- 3) Dean, SKN Medical College & General Hospital, Narhe
- 4) Chief Executive Officers / Chief Administrative Officers of all campuses.
- 5) Transport Officer, Sinhgad Technical Education Society, Narhe
- 6) Select File

CC.: For information to 1) Founder Secretary, STES.

2) Senior Assistant to Founder President.



(Unexempted Establishment Only)

**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**

I. \_\_\_\_\_ S/O, W/O, Daughter of \_\_\_\_\_

Do hereby solemnly declare that :-

(a) I was employed in

M/s. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**( NAME & FULL ADDRESS OF THE ESTABLISHMENT )**

with PF A/c No. \_\_\_\_\_ and left service on \_\_\_\_\_ prior to that I was  
employed in \_\_\_\_\_

with PF A/c No. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(b). I am a member of the pension fund from \_\_\_\_\_ To \_\_\_\_\_ and copy of the  
scheme certificate is enclosed.

(c). I have/ have not withdrawn the amount of my Provident Fund / Pension Fund.

(d). I have/ have not drawn any benefits under the employee's Pension Scheme, 1995 in respect of my  
past service in any establishment.

(e). I have/ have never been a member of any Provident Fund and/ or Pension Fund.

DATE: \_\_\_\_\_

\* Signature or left hand thumb impression of the employee.

Encl: Copy of the Scheme Certificate.

\_\_\_\_\_  
To be filled by the employer)

(1) Shri / Smt. / Miss \_\_\_\_\_ is appointed as \_\_\_\_\_  
(Name of Employee) (Designation)

in M/s. \_\_\_\_\_ with effect from \_\_\_\_\_  
(Name of Factory / Establishment) (Date of appointment)

bearing PF A/c.No. \_\_\_\_\_

(2) Copy of Scheme Certificate is enclosed.

(3) Declaration & Nomination in form 2 is enclosed.

DATED : \_\_\_\_\_ Signature of the employer or manager or other  
authorized officer.

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\* Left hand impression in the case of illiterate male member and right hand impression by  
illiterate female member.