JD Form (Joint Declaration by the Member and the Employer)

			Date:
To Degianal DE Commi	noionar		
The Regional PF Commis	ssioner		
Sub: Joint Declaration	by the Member and t	he Employer	
Dear Sir,			
L	an employ	ee/ex-employee of Indian Oil (Corporation
		ls with aforesaid establishment	•
Elithica farmorning below	norewith correct detail	o with arorosala ostabilorimoni	
Particulars	Correct	Wrong	
Name			
Father / Husband Name			
PF / EPS account no.			
Date of Birth (DD/MM/YYYY)			
Date of Joining (DD/MM/YYYY)			
Date of Leaving (DD/MM/YYYY)			
Matric certificate, etc.) for	your ready reference	nges in your records (if requi	•
All early action in this reg	jara wiii riigiriy be app	reciated.	
		You	ırs faithfully
		()
		Name & Signature o	of Applicant
		Name & Signature	л Арріісані
Name of Authorized Sign	atory:		
Signature with Establishr	nent Seal:		
Encl: As above			