**Joining Docket for Agent Staff**

**Application Blank**

Photograph

(To be filled in block letters)

1. Name

F- …HUMA… M-…………. L- …KHAN…

2. Full Name as mentioned on AADHAR Card- …..HUMA KHAN…..

3. Present Address   
HOUSE OF MAQBOOL AHMAD KHAN, TAHA NAGAR, TELIYA KOT, KILA BAZAR ROAD, NEAR NOOR MASJID, RAEBARELI, U.P-229001

4. Permanent Address (AS PER AADHAR)

D/O MAQBOOL AHMAD KHAN, 915/23, CHOTA KHATARANA, TILIYA KOT, RAEBARELI, UTTAR PRADESH,229001

5. Residence Phone …………....6. Mobile …9369980260…… 7. E-mail(s) …siathetacker@gmail.com.....

8. Date of Birth (AS PER AADHAR) …06/01/1993…9. Place of Birth …RAEBARELI….10. Nationality …INDIAN…

11. Religion …ISLAM..12. Gender …FEMALE.13. PAN …CYKPK4430N....

14. Passport No…………………………..15. Blood Group B+…16. Height (in cms) …5 FT 2 INCH....

17. Weight (in kgs) …55 KG…18. Are you physically fit? (If no, please give details) …YES….

19. Bank Name. ……………………………20. A/C No. …………………………..21. IFSC Code……………………..

22. Aadhar No…700074246622..23. Last Drawn CTC (Cost to Company)..1.2 LPA..

24. Family Particulars: Marital Status: Single Date of Marriage …………………………………..

|  |  |  |  |
| --- | --- | --- | --- |
| **Family member** | **Name(s)** | **Date of Birth** | **Occupation** |
| Spouse  (AS PER AADHAR) |  |  |  |
| Children |  |  |  |
| Father  (AS PER AADHAR) | MAQBOOL AHMAD KHAN | 08/07/1956 | LAWYER |
| Mother | SHAMA PARVEEN | 15/06/1965 | HOUSE WIFE |
| Siblings | MOHD SALEEM KHAN, MOHD SAIF KHAN | 20/03/1997, 17/06/1989 | ENGINEER, ENGINEER |

Name of any one dependent parent to be covered under hospitalization reimbursement policy (Applicable for Band 4 and above employees)…………………….…………………….…………………….

25. Academic Qualifications (Start from latest qualification and end with SSC)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Degree / Diploma** | **Institute / University** | **Year** | **Marks / Division** | **Subjects** |
| M.A | FIROZ GANDHI DEGREE COLLEGE /CSJM | 2015 | SECOND DIVISION | ENGLISH |

26. Total Work Experience …18 MONTHS........

27. Past Employment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer’s name, annual sales and no. of employees** | **Last Designation** | **Period** | | **No. of employees supervised** |
| **From** | **To** |
| RAJIV GANDHI MAHILA VIKAS PARIYOJANA | MIS ASSISTANT | 2017 - 2019 | |  |

28. Brief description of function and duties in last employment

|  |
| --- |
| MANAGE THE DATA AND HANDLE CUSTOMER QUERIES OVER CHAT AND CALL |

29. Other Interests (sports / hobbies) ….COOKING……...

30. Have you been interviewed/ selected by company before? If yes, please give details.. …NO…..

31. Name, department and designation of friends & relatives employed with Aegis …NO…

32. Name, department and designation of close relatives employed with competitors …NO…...

33. Are you associated with professional institutions? If yes please give details

|  |  |
| --- | --- |
| **Name and address of the institution** | **Position** |
|  |  |

34. Indicate your familiarity in languages (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| **Language(s)** | **Read** | **Write** | **Speak** |
| ENGLISH, HINDI | YES,YES | YES,YES | YES,YES |

35. References (please give references other than relatives)

|  |  |
| --- | --- |
| **Name : FIRDOSE AAFREEN I**  **Company & Designation : HASHEDIN & SDET**  **Address : MATHIKHERE, BANGALORE**  **Tel No : 8861040667** | **Name : MOHAMMED ISMAIL**  **Company & Designation : NA**  **Address : MATHIKHERE, BANGALORE**  **Tel No : 8861040667** |

36. Emergency Contact Details (Name, Address and Phone no. of the person)

…MOHD SALEEM KHAN, HOUSE OF MAQBOOL AHMAD KHAN, TAHA NAGAR, TELIYA KOT, KILA BAZAR ROAD, NEAR NOOR MASJID, RAEBARELI, U.P-229001, 9066752237.......

**Declaration**

I hereby certify that the information provided by me is true to the best of my knowledge. Any changes in the details furnished above will be intimated to you immediately.

Signature …HUMA KHAN…. Date …20/05/2022…. Place ..RAEBARELI…..

**SAP ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCATION:\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYEES’ PROVIDENT FUNDS ORGANISATION**

**NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS**

Declaration and nomination form under the Employees Provident Funds (EPF) and Employees Pension Scheme (EPS)

(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): ………………………………………………………………………………………………….

2. Father’s/Husband’s Name: …………………………………………….……………………………………………….…………

3. Date of Birth: ……………………………………………………………………………………………………………………..

4. Gender: …………………………………………………………………………………………………………………………...

5. Marital Status: ……………………………………………………………………………………………………………………

6. Member ID/UAN: ……………………………………………………………………..................................................................

7. Date of Joining: ……………………………………………………………………………………………………………………

8. Address (Residential): ………………………………………………………………………………………………………………………...........................

…………………………………………………………………………………………………………………………………………

**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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the nominee (s)** | **Address** | **Nominee’s relationship with the member** | **Date of Birth** | **Total amount or share of accumulations in Provident Fund to be paid to each nominee** | **If the nominee is a 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/Thumb impression of the subscriber**

**(P.T.O)**

**PART-B (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 death in service.

|  |  |  |
| --- | --- | --- |
| **Name and Address of the Family member** | **Date of Birth** | **Relationship with the member** |
|  |  |  |
|  |  |  |
|  |  |  |

\*\*Certified that I have no family as defined in para 2 (vii) of the Employee’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 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 the member** |
|  |  |  |
|  |  |  |
|  |  |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***

\*\* Strike out whichever is not applicable **Signature/Thumb impression of the subscriber**

**CERTIFICATE BY EMPLOYEER**

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Ms. ………………………....................

……………………………………………………………………………. employed in my establishment after he/she has read the entries/entries have been read over to him/her by me and got confirmed by him/her.

For **AEGIS CUSTOMER SUPPORT SERVICES PVT LTD**

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized signatory**

**AEGIS CUSTOMER SUPPORT SERVICES PVT LTD**

**3rd floor, Varun Towers-2, Begumpet**

**Hyderabad- 500 016, Telangana**

**Tel: 040-661660000**







|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |

**Form ‘F’ [Gratuity Form]**

[*See* sub-rule (1) of rule 6]

**Nomination**

To **Aegis Customer Support Services Private Limited**

(Give here name or description of the establishment with full address)

1. Shri/Smt./Kumari…………….……………………………….whose particulars are given in the statement below,

(Name in full here)

hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.

4. (a) My father/mother/parents is/are not dependant on me.

(b) My husband's father/mother/parents is/are not dependant on my husband.

5. I have excluded my husband from my family by a notice dated the ………………… to the Controlling Authority in terms of the provision to clause (h) of section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

**Nominee(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Name in full with full address of nominee(s)** | **Relationship with the employee** | **Age of nominee** | **Proportion by which the gratuity will be shared** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**Statement**

|  |  |  |
| --- | --- | --- |
| 1. | Name of employee |  |
| 2. | Sex |  |
| 3. | Religion |  |
| 4. | Whether unmarried/married/ widow/ widower |  |
| 5. | Department/Branch/Section where employed |  |
| 6. | Post held with Ticket or Serial No., if any |  |
| 7. | Date of appointment |  |
| 8. | Permanent address |  |
|  |

**Village: ……………….…Thane: ………………Sub-division: ……………………….Post Office: ………….**

**District: ……………………State: ……………………………………Place: ……………………………….**

**Date: ………………………………..**

**Signature / Thumb impression of the employee: ………………………………….**

**Declaration by witnesses**

Nomination signed / thumb impressed before me

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Name in full and full address of witnesses** | **Signature of witnesses** |
| 1. |  |  |
| 2. |  |  |

**Place: ……………………………….**

**Date: ………………………………..**

**Certificate by the employer**

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any …………………………………..

Date: ………………………………….

Signature of the employer / officer authorized: …………………………………………………….

Designation: ……………………………………………….

Name and address of the establishment or rubber stamp thereof. :

…………………………………………………….......................................................................................

………………………………………………………………………………………………………………………

**Acknowledgement by the employee:**

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

**Date:…………………… Signature of the employee: ……………………………………**

**Group Personal Accident Insurance Nomination Form**

Dear Sir,

I, …………………………………….. an employee of Aegis Customer Support Services Private Limited., hereby nominate the person (s) mentioned below to receive the amount secured by Personal Accident Insurance Policy (Group) and direct that the said amount shall be paid to my nominee (s), as the case may be as per my directions given herein. I agree that payment of the amount secured by the said policy to the nominee (s) in accordance with my directions contained in this letter of nomination, shall constitute a full discharge to Aegis Customer Support Services Private Limited of its liability in respect of the amount secured by the said policy and it shall be binding on me and my heir(s) and representative (s). The nomination shall be in force until revoked by me in writing or varied by subsequent nominations and communicated to you.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.**  **No.** | **Name and full address of nominee** | **Relationship with nominee** | **Proportion in which amount is to be shared** |
| 1. |  |  |  |
| 2. |  |  |  |

**I give the below mentioned particulars about myself:**

|  |  |
| --- | --- |
| Full Name |  |
| Religion |  |
| Date of birth |  |
| Gender |  |
| Marital status |  |
| Father’s name |  |
| Husband’s name (for married women only) |  |
| Permanent address |  |

Signature: ………………………………

Date: ………………………………….

**Acknowledgement Form for Aegis Call Monitoring, Recording & Archiving**

In an effort to ensure the quality and consistency of service provided to our clients and their Customers, Aegis Customer Support Services Pvt. Ltd., its clients and its affiliates may from time to time engage in random and/or selected call monitoring, call recording, and/or call archiving of associate phone calls made from Aegis workstations.

The goal of this monitoring and recording activity is of course service-based. To achieve a high level of service quality for our organization and for the clients that we serve, we must have the ability to survey and sample existing calls and conversations and review them against established standards and procedures. In so doing, this allows us the opportunity to document our service levels to our Clients, identify areas needing organizational focus and identify associate who need further training and development in specific areas.

As a typical part of any monitoring, recording, or archiving activity, no advance notice will be provided, thereby ensuring the increased effectiveness of this quality initiative. The results of these efforts, however, will be reviewed on a regular basis with each associate involved and will become a part of the associate’s performance and developmental record. As personal phone calls are not permitted from company workstations, Aegis Customer Support Services Pvt. Ltd. Associate assume at their own risk any personal phone calls that may be inadvertently monitored and/or recorded as a result of unauthorized call activity.

As a condition of association with our organization we ask that all associate read and review our policy on monitoring, recording, and archiving associate’s calls and that they acknowledge their review and understanding of this policy through their signature below. Should any associate questions regarding this policy or about Aegis’s monitoring or recording practices, they should immediately bring these questions to a Leadership Team member or a member of the Human resources Department.

I have read and I understand the above policy on call monitoring, recording, and archiving and all other HR policies applicable to me, I agree to work with my Leadership Team to ensure the highest level of service and quality possible through all my call activities and efforts.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Representative (Signature) Date