

WELCOMES

Name: Hanna Maeiga Johnson

Employee Code:

Client Name: AECOM India



C

ongratulations on your appointment to CIEL and the new role at our client's place!

We hope, you will find your career with us enriching and the work at our client organization fulfilling. We strive hard to make your tenure with us satisfying.

We encourage you to visit www.cielhr.com/deputees to get an overview of your new employer: CIEL, important terms and statutory provisions related to your employment and the code of conduct. Please go through your appointment letter in detail.

The booklet has various forms which must be filled up by you to complete your joining process. You can visit www.cielhr.com/sample-joining-kit.pdf to get a sample copy of a filled-up form. Please reach your HR SPOC at CIEL in case you have a query. For further help, you may reach us at +91 7816 000 111 or email at helpdesk@cielhr.com or Facebook / Twitter @CielHRIndia.

We at CIEL value growth, professionalism, dignity and diversity. I invite you to live up to these values in your daily life at work.

Wish you the best in the exciting journey ahead.

Director and CEO
CIEL HR Services Private Limited

Personal information form

(Please Fill in Block Letters)

All the fields should be mandatorily filled

Name in Full:

Hanna

Mariya

Johnson

First Name

Middle Name

Last Name

Father's Name:

JOHNSON

THOMAS

First Name

Middle Name

Last Name



Date of Birth: | 0 | 6 | 0 | 9 | 2 | 0 | 0 | 0 |

Date of Joining: | | | | | | | | | |

Sex: Male Female

Marital Status: Single Married

Blood Group: AB +ve

Address for Communication

Temporary Address

Flat No: 210, 2nd floor

Aditya Tussar, near central

Silk board Pin: 560068

Contact No.: 6282357350

Permanent Address

St. Joseph's street, Maiyapuram

Anchery P.O Thrissur

Pin: 680006

Contact No.: 6282357350

Alternate No.:

Email:

Family Particulars (Dependent details for ESIC/Insurance Coverage):

(Siblings and In-laws are not covered)

Name	Relationship	Date of Birth (MM/DD/YYYY)	Age	Aadhaar Number	Employed (Y/N)
Mercy Johnson	Mother	22/3/1972	52	873143155836	y

Educational Qualification:

Degree/Diploma/Others	Name of the Institution/college	Year of passing	% Score	Major Subjects
MBA finance	De John Mattheo Center	2023	70%	Finance
BBA	St. Mary's College, TCR	2021	73%	Finance
Plus two	St. Raphael's C.M.H.S	2018	78%	CS
SSLC	St Joseph's C.M.H.S	2016	92%	-

Working Experience (starting from current employment):

Organization Name & Location	Period		Designation (at the time of)		Reporting to	Total no. of Years
	From	To	Joining	Leaving		
Muthooti Mini financiers Ltd	1-11-23	12-04-24	MT	MT		5.5 months

Emergency contacts name and number

(Person should be residing in the city of your work location)

 Name : Saritha K
 Relation: Branch manager (BTM lady)
 Tel : 9686603156

PAN & AADHAAR Details:

If PAN is not available, please provide a copy of the PAN Application Acknowledgement. Please Note: PAN is mandatory for IT computation, Tax Remittance and accurate Form 16. Please check with the CIEL personnel on the procedure to apply for PAN.

 Name as per your AADHAAR card: (In Block Letters) **HANNA MARWA JOHNSON**

AADHAAR No: 5067 4341 4197

PAN: BLGPH3550N

Bank Account No: 6720 8815795

IFSC Code: SBIN0070266

Bank Name and Branch: STATE BANK OF INDIA , OLLUR BRANCH

UAN: 102015687415 PF: KRTVM00260060000 ESI:

-037809.

Declaration

I confirm that the information provided by me is accurate and correct to the best of my knowledge. In the event any information is found to be wrong, I understand it will result in termination of my employment without notice. I have understood the terms of the offer clearly, I have been briefed about the rules and regulations of the organization I'm deputed to and agree to abide by the same.

Name: Hanna Maiya Johnson

Location: Silk board, Bangalore

 Signature: 

Date: 12/4/24

Form 'F'

[See sub rule (1) of Rule 6] Nomination

Emp Code: _____

Mob No.: 6282357350

To:

Ciel HR Services Pvt Ltd

1. I Shri/ Shrimati/ Kumari

Hanna Mariya Johnson

(Name in full)
Whose particulars are given in the statement below, 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/are members 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 dependent on me.
(b) My Husband's Father /Mother /Parents is /are not dependent on my husband.
5. Nomination made herein invalidates my previous nomination

Nominee(s)

Name in full with Full address of nominee's	Relationship with the Employee	Age of Nominee	Proportion by which the gratuity will be shared (%)
Mercy Johnson, chittilapilly(t)	Mother	53	100%
Mariyapuram Anchery P. O Thrissur 680006			

Statement

Emp Code: _____

Mob No.: 6282357350

1. Name of employee in full
2. Sex
3. Religion
4. Whether unmarried /married /Widow/Widower
5. Department /Branch/ Section where employed
6. Post held with ticket of Serial No. if Any
7. Date of appointment
8. Permanent Address

: HANNA MARIYA JOHNSON

: FEMALE

: CHRISTIAN, RC

: Unmarried

:

:

: Chittilapilly(H) Maeriypulam
Anehery p.o TCR 680006Village OLLUR

Thana _____

Sub-Division _____

Post Office _____

District THRISSUR

State _____

ARTILLERYKERALA

Place: Silk board, Bangalore

Date: 12/4/24

Signature/thumb-impression of the employee

Declaration by witnesses

Nomination signed/thumb impressed before me.

Name in full and full address of witnesses

Signature of witnesses

1.

1.

2.

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.

Signature of the employer/officer authorised

Designation:

CIEL HR Services Private Limited
No. 646, 2nd Floor, 27th Main Road
HSR layout, Sector 1,
Bengaluru, Karnataka - 560 102.

Date:

Acknowledgement by the employee

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

Date: 12/4/24

Note: Strike out the words and paragraphs not applicable



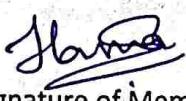
Composite Declaration Form -11
(To be retained by the employer for future reference)
EMPLOYEES' PROVIDENT FUND ORGANISATION
Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employees' Pension Scheme, 1995 (Paragraph 24)
(Declaration by a person taking up employment in any establishment on which EPF Scheme,
1952 and /or EPS, 1995 is applicable)

1	Name of the member								HANNA MARIYA JOHNSON								
2	Father's Name Spouse's Name								<input checked="" type="checkbox"/> <input type="checkbox"/>								
3	Date of Birth: (DD/ MM / YYYY)								06/09/2000								
4	Gender: (Male/Female/Transgender)								Female								
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)								Unmarried								
6	(a) Email ID: (b) Mobile No.:								hammadmariya.johnson@gmail.com 6282357950								
7	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)								01/11/23								
8	KYC Details: (attach self attested copies of following KYCs)																
a)	Bank Account No. :								67208815795								
b)	IFS Code of the branch:								SBIN0070266								
c)	AADHAR Number								506743414197								
d)	Permanent Account Number (PAN), if available								B1UPH3550N								
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952								Yes/No								
10	Whether earlier a member of Employees' Pension Scheme, 1995								Yes/No								
Previous employment details: [if Yes to 9 AND/OR 10 above] - Un-exempted																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Establishment Name & Address</th> <th>Universal Account Number</th> <th>PF Account Number</th> <th>Date of joining (DD/MM/YYYY)</th> <th>Date of exit (DD/MM/YYYY)</th> <th>Scheme Certificate No. (if issued)</th> <th>PPO Number (if issued)</th> <th>Non Contributory Period (NCP) Days</th> </tr> </thead> </table>										Establishment Name & Address	Universal Account Number	PF Account Number	Date of joining (DD/MM/YYYY)	Date of exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	PPO Number (if issued)	Non Contributory Period (NCP) Days
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11	Muthootlu Minjiram - Ciers Hd kochi, kaloor	1020-1568-7415.	kRTV M002 6006 00000 37809	1/11/23	12/4/24												
Previous employment details: [if Yes to 9 AND/OR 10 above] - For Exempted Trusts																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name & Address of the Trust</th> <th>UAN</th> <th>Member EPS A/c Number</th> <th>Date of joining (DD/MM/YYYY)</th> <th>Date of exit (DD/MM/YYYY)</th> <th>Scheme Certificate No. (if issued)</th> <th>Non Contributory Period (NCP) Days</th> </tr> </thead> </table>										Name & Address of the Trust	UAN	Member EPS A/c Number	Date of joining (DD/MM/YYYY)	Date of exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	Non Contributory Period (NCP) Days	
Name & Address of the Trust	UAN	Member EPS A/c Number	Date of joining (DD/MM/YYYY)	Date of exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	Non Contributory Period (NCP) Days											
12																	
13	a) International Worker:					<input checked="" type="checkbox"/> No											
	b) If yes, state country of origin (India/Name of other country)																
	c) Passport No.																
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]																

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/e-KYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account as I am an Aadhar verified employee in my previous PF Account. *
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: 12/4/24
Place: Silk board


Signature of Member 

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr/Ms/Mrs ... Hanna Meiyar Johnson has joined on 1st Nov 2023 and has been allotted PF No K.R.T.V.M.0026006000037809 and UAN 102015687415
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:

• Please Tick the Appropriate Option:

The KYC details of the above member in the UAN database

- Have not been uploaded
- Have been uploaded but not approved
- Have been uploaded and approved with DSC/e-sign.

- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:

• Please Tick the Appropriate Option:-

- The KYC details of the above member in the UAN database have been approved with E-sign/Digital Signature Certificate and transfer request has been generated on portal.
- The previous Account of the member is not Aadhar verified and hence physical transfer form shall be initiated.

CIEL HR Services Private Limited
No. 646, 2nd Floor, 27th Main Road
HSR Layout, Sector 1,
Bengaluru,
Karnataka - 560 102.

Date: 12/4/24

Signature of Employer With seal of
Establishment

* Auto transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Form-13) for transfer of account from the previous establishment.



FORM - 2 (Revised)

Emp Code: _____

Mob No.: 6282357350

NOMINATION AND DECLARATION FORM

FOR EXEMPTED / UNEXEMPTED ESTABLISHMENTS

Declaration and Nomination Form Under the Employee's Provident Funds & Employees' Pension Scheme

(Paragraph 33 & 61 (1) of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995)

Name (In Block Letters)	: HANNA MARIYA JOHNSON			
Father's / Husband's Name	: JOHNSON THOMAS			
Date of Birth	: 06-09-2000			
Sex	: FEMALE			
Marital Status	: UNMARRIED			
Account Number	:			
Address	i. Permanent : Chittilapilly (H), St Joseph Street ii. Temporary : Mariyapuram Anthony P.O Thiruvananthapuram			
Date of Joining	:			
i. EPF	:			
ii. EPS	:			

PART - A (EPF)

I hereby nominate the person(s) / cancel the nomination made by me previously and person(s) mentioned below to receive the amount standing to my credit in the Employees' Provident Fund, in the event of my death.

Name & Address of the Nominee/ Nominees	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulation in provident fund to be paid to each nominee	If the nominee is minor name, address & relationship of the guardian who may receive the amount
1	2	3	4	5
MERCY JOHNSON Chittilapilly(H) St Joseph street Anthony 680006	Mother		100%	NA

Certified that I have no family as defined in para 2 (g) of the Employee's Provident Fund Scheme 1952 and should I

1. Acquire a family hereafter the above nomination should be deemed as cancelled
2. Certified that my father / mother is / are depended upon me
3. Unmarried members in the absence of dependent parents may nominate any other person to receive the shares

Note: A Fresh nomination shall be made by the member on his/her marriage and any nomination made before such marriage shall be deemed to be invalid

Signature or thumb impression of the Subscriber

PART - B (EPS)

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

S.No	Name of the Family Members	Address	Date of Birth	Relationship
1	MERCY JOHNSON	Chittilapilly (t) Masiya-puvam Anchery TRR	24/3/1972	Mother
2				
3				
4				
5				

Certified that I have no family as defined in para 2 (vii) of the Employee's Pension Scheme 1995 and should I acquire a family hereafter the above nomination should be deemed as cancelled

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16(2) (g) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

Name & Address of the Nominee	Date of Birth	Relationship with the member

Date: 12/4/24


Signature / Thumb impression of the subscriber 

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before Shri/Smt/Kum employed in my establishment after he/she has read the entry/entries have been read over to him/her by me and got confirmed by him/her.

Place:

Date :

Signature of the employer

CIEL HR Services Private Limited
No. 646, 2nd Floor, 27th Main Road
HSR Layout, Sector 1,
Bengaluru,
Karnataka – 560102



घोषणा पत्र DECLARATION FORM

फार्म-1/Form-1

घोषणा पत्र कर्मचारी द्वारा भरा जाएगा। फार्म के साथ पोस्टकार्ड आकार के दो फोटोग्राफ भी लगाए जाने चाहिए। फार्म भरने से पहले पीठ पृष्ठ पर दी गई हिंदायतों को भली-भांति पढ़ लेना चाहिए। यह फार्म निःशल्क है।

To be filled by employee after reading instruction overleaf. Two Postcard Size photographs to be attached with the form. This form is free of cost.

(क) वीमाकृत व्यक्ति के विवरण

(A) INSURED PERSON'S PARTICULARS

1. वीमा संख्या/Insurance No.					
2. नाम (स्पष्ट अक्षरों में) Name in block letters					
3. पिता/पति का नाम Father's/Husband's Name					
4. जन्म की तिथि Date of Birth	दिन Day	महीना Month	वर्ष Year	5. वैवाहिक प्राप्तिशीलता Marital Status	विवाहित/ आवेदित विधवा M/U/W
				6.लिंग/Sex	पु.म./F.
7. वर्तमान पता/Present Address					
पिन कोड Pin Code					
टेलीफोन नम्बर/ई-मेल पता/ Brach Office					
8. स्थायी पता/Permanent Address					
पिन कोड Pin Code					
टेलीफोन नम्बर/ई-मेल पता/ Dispensary					

(क) मृत्यु की स्थिति में नकद हितालाप के भुगतान के लिए क.रा.वी. अधिनियम, 1948 की धारा 71/क.रा.वी. (केन्द्रीय) नियम, 1950 के नियम 56(2) के अंतर्गत नामित के बारे में।

(c) Details of Nominee u/s 71 of ESI Act 1948/Rule-56(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the event of death.

नाम/Name	नातेदारी/Relationship	पता/Address

मैं एतद्वारा घोषणा करता/करती हूँ कि मेरे द्वारा प्रस्तुत किए गए विवरण मेरी जानकारी और विश्वास के अनुसार सही है। मैं अपने परिवार के सदस्यों में हुए परिवर्तन की सूचना 15 दिन के भीतर प्रस्तुत करने का वचन भी देता हूँ/दिती हूँ।

नियोजक के प्रतिहस्ताक्षर
Counter signature by the employer

वीमाकृत व्यक्ति के हस्ताक्षर/अंगूठा निशान
Signature / T.L. of IP

सील सहित हस्ताक्षर

Signature with seal

क.रा.बी. निगम अस्थायी पहचान पत्र
ESI Corporation Temporary Identity Card

(नियुक्ति की तारीख से 3 महीने तक वैध)

१०. Corporation Temporary Identity Card		(Valid for 3 years)
नाम/Name		
बीमा संख्या/Ins. No.		नियुक्ति की तारीख/Date of appointment
शाखा कार्यालय Branch Office		औपचालय Dispensary
नियोजक की कूट संख्या व पता Employer's Code No. & Address		

वैधता
Validity
तारीख
Dated

वीमाकृत व्यक्ति के हस्ताक्षर/अंगूठे का निशान
Signature/T.I. of I.P.

1

सील सहित शाखा प्रबंधक के हस्ताक्षर
Signature of B.M. with seal

फोटो के लिए स्थान
(Space for photograph)

अनुदेश INSTRUCTIONS

- फार्म-1 का प्रेषण क.रा.बी. (साधारण) विनियम, 1950 के विनियम 11 व 12 के अंतर्गत विनियमित किया जाता है।
Submission of Form-I is governed by regulation 11 & 12 of ESI (General) Regulations, 1950
 - “कुदम्ब” से किसी वीमाकृत व्यक्ति के निम्नलिखित सभी अथवा कोई नातेदार अधिप्रेत है:-
अर्थात्:- (1) विवाहिती (2) वीमाकृत व्यक्ति पर आश्रित कोई धर्मज या दत्तक अवयस्क आश्रित बालक, (3) कोई बालक जो वीमाकृत व्यक्ति के उपर्यन्तों पर पूर्णतः आश्रित है तथा जो (क) शिक्षा प्राप्त कर रहा है, उनके 21 वर्ष की आयु प्राप्त कर लेने तक (ख) कोई अविवाहित पुत्री, (4) कोई बालक जो किसी शारीरिक अथवा मानसिक अपसामान्यता या चोट के कारण शिथिलांग है तथा शिथिलांगता रहने तक वीमाकृत व्यक्ति के उपर्यन्तों पर पूर्णतः आश्रित है, (5) आश्रित माता-पिता, (योरे हेतु क.रा.बी. अधिनियम, 1948 की धारा 2 के खंड 11 को देखें।

"Family" means all or any of the following relatives of an Insured Person namely:-

(i) a spouse (ii) a minor legitimate or adopted child dependant upon the I.P.; (iii) a child who is wholly dependant on the earnings of the I.P. and who is (a) receiving education, till he or she attains the age of 21 years (b) an unmarried daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependant on the earnings of the I.P. so long as the infirmity continues; (v) dependant parents (Please see Section 2 clause 11 of the ESI Act 1948 for details.

- 3 पहचान-पत्र अहस्तान्तरणीय है।
Identity Card is Non-Transferable.
 4. पहचान-पत्र के गुम होने की स्थिति में नियोजक/शाखा प्रबंधक को तत्काल सूचित किया जाए।
Loss of Identity Card be reported to Employer/Branch Manager immediately.
 5. किसी प्रकार की गलत सूचना देने की स्थिति में क.रा.बी. अधिनियम, 1948 की धारा-84 के तहत कानूनी कार्यवाही की जा सकती है।
Submission of false information attracts penal action Under Section 84 of ESI Act. 1948.
 6. नई नियुक्ति की स्थिति में भली-भांति भरा हुआ यह फार्म नियुक्ति के दस दिन के भीतर संवर्धित शाखा कार्यालय में अवश्य ही प्रस्तुत किया जाना चाहिए। विलम्ब की स्थिति में नियोजक के विरुद्ध धारा-85 के तहत कानूनी कार्यवाही की जा सकती है।
This form duly filled in must reach the concerned Branch Office within 10 days of appointment of an Employee. Delay attracts penal action under Section 85 of the Act, against employer.
 7. बीमाकृत व्यक्ति होने के नाते आप व आपके परिवार के आश्रितजन चिकित्सा हितलाभ प्राप्त कर सकेंगे। अन्य नकद हितलाभ हैं, (1) बीमारी हितलाभ (2) अस्थायी अपंगता हितलाभ (3) स्थायी अपंगता हितलाभ (4) आश्रितजन हितलाभ (5) प्रसूति हितलाभ (महिला कर्मचारी के लिए)। As an insured person you and your dependant family members are entitled to full medical care. The other benefits in cash include (1) Sickness Benefit (2) Temporary Disablement benefit (3) Permanent disablement Benefit (4) Dependents benefit and (5) Maternity Benefit (in case of woman employees) subject of fulfillment of contributory conditions.
 8. अधिक जानकारी के लिये कृपया निगम के वेबसाइट को देखें या शाखा कार्यालय या क्षेत्रीय कार्यालय से संपर्क करें।
For more details please contact website of ESIC at www.esic.org.in or contact Regional Office or Branch Office.

केवल शाखा कार्यालय में प्रयोग हेतु
For Branch Office Use only

1. बीमा संख्या आवंटन की तारीख :

Date of allotment of Ins. No. : _____

2. अस्थायी पहचान पत्र जारी करने की तारीख :

Date of Issue of T.I.C. : _____

3. औषधालय का नाम/संख्या :

Name /No. of Dispensary : _____

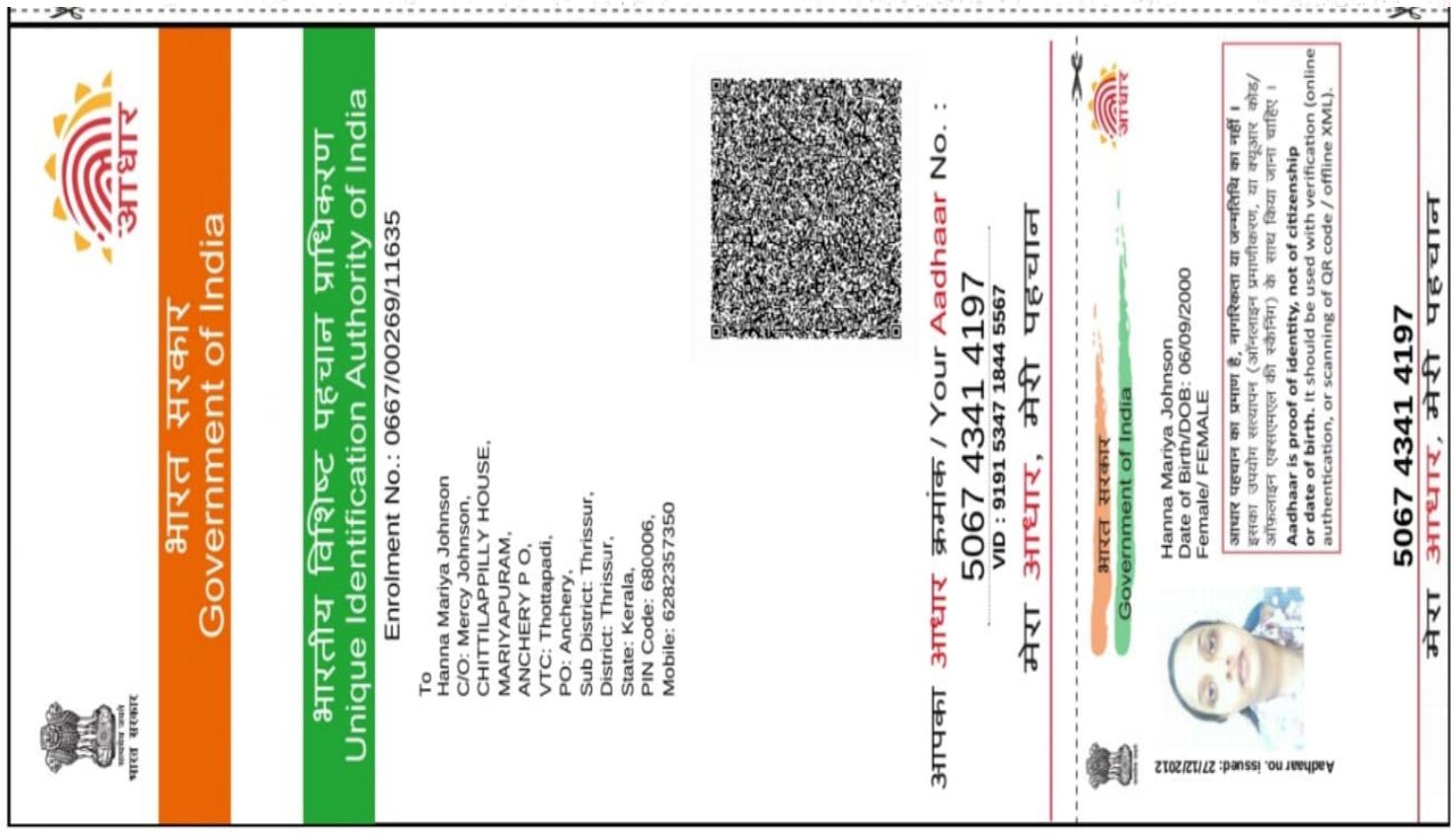
4. क्या अन्योन्य चिकित्सा व्यवस्था उपलब्ध है? यदि हाँ, तो उल्लेख करें :

Whether reciprocal Medical arrangements involved. If yes, please indicate : _____

शाखा प्रबन्धक के हस्ताक्षर
Signature of Branch Manager

Checklist of items to be filled / attached towards completion of joining process

- Personal Information Form
- Form 'F' – Gratuity Nomination form
- Provident Fund Nomination Form(PF)
- Employees state Insurance Corporation form (ESI), [Refer offer letter if ESI is applicable]
- Cancelled cheque leaf affixed to this form at the space provided
- 3 Recent passport size photographs affixed to this form at the space provided
- Aadhaar Card affixed to the form at the space provided
- PAN Card affixed to the form at the space provided
- Any other ID Proof
- Any other Address Proof
- Resume
- Copies of Mark-sheet / Certificates in support of Educational qualification
- Last drawn salary certificate
- PF No. (Existing if any)
- UAN (Existing if any)
- ESI No. (Existing if any)
- Relieving /Experience letter from your previous employer(s), if applicable
- Form 16 or 16A
- PF Transfer Form to be filled online if applicable





Branch: OLLUR Code: 70266
PAUL'S ARCADE

Email: sbi.70266@sbi.co.in
Phone No.: 2352238
IFSC: SBIN0070266

Buss. Hrs: 10:00:00-16:00:00
MICR: 680002907

Name: HANNA MARIYA JOHNSON
S/D/H/o : JOHNSON
CIF Number : 77080101311
Account No.: 67208815795
A/c Type : BASIC SAVINGS BANK ACCOUNT
Address : CHITTILAPILLY HOUSE
MARIYAPURAM
KURIACHIRA SO THRISSUR
Phone No. :
Email :
D.O.B. (If Minor):
SSN Number:

MOP: SINGLE
A/c Opening Dt: 18/01/2013
Nom Reg No:
Customer's PAN: BLGPH3550N
Date of Issue: 15/04/2024
CONTINUATION



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