

JOINING MASTER SHEET

Onboarding Checklist- Standard				
	First Name	Middle Name	Last Name	
Employee Name	SNEHAL PRADIP		SHEWATE	
Employee ID				
	MM-DD-YYYY		MM-DD-YYYY	
Birth Date	4/5/1993	Date of Joining	2/8/2021	
Sl. No.	Documents		Applicability(Tick)	Furnished(Tick)
1	Offer letter			
2	Service Agreement (If Applicable)			
3	PAN card photocopy			
4	Address proof - Photocopy of any one of the below document * AADHAAR card * Passport * Others			
5	Degree marks sheets / Passing certificates			
6	Post Graduate marks sheets & certificates			
7	Relieving letter / Experience letters			
8	Passport size photographs (2 nos)			
9	Joining Master sheet along with a) Insurance nomination form b) Nomination form (Full and Final settlement) c) PF Form- 2 d) PF Declaration Form - 11 e) Form 'F' nomination f) ESI Scheme Declaration Form g) ISMS Compliance undertaking form h) Pre Employment Medical Fitment i) Acknowledgement - Code of Business Ethics j) Acknowledgment - Anti-Corruption Policy k) Acknowledgement - Equal Opportunity Form l) Blue Book			
10	Undertaking:			
	Document Name	Submit by Date		
	i)			
	ii)			
	iii)			
<p><u>I hereby declare that:</u></p> <ul style="list-style-type: none"> - Copies of the above documents have been submitted for the purpose of documentation and all originals have been taken back post verification - I will submit the above pending documents on or before the above mentioned date 				
<p>x</p> <p>Candidate Signature</p>		<p>Date 2/8/2021</p>		
For HR use only				
<p>Name</p>		<p>Signature</p>		<p>Date 2/8/2021</p>

JOINING MASTER SHEET

Personal Details			
Full Name (as given in your passport with initials expanded)			
First	Middle	Last Name	
SNEHAL PRADIP		SHEWATE	
Designation as per offer letter	Band as per Offer letter	Date of Joining	Place of Posting
Associate Consultant	B1	2/8/2021	Pune
Marital status: <u>Single</u>		Mobile: <u>9503885078</u> Landline: <u>9970541932</u>	
Marriage Date: _____		Emergency: _____	
Gender: <u>Female</u>		Personal Email ID: <u>snehalshebate@gmail.com</u>	
Date of birth (MM/DD/YYYY): <u>4/5/1993</u>		Passport No. _____ Issue Date: _____	
Place of birth: <u>Satara</u>		Expiry Date: _____ Passport issued City: _____	
Birth Country: <u>India</u>		Pan No.: <u>FHJPS6373F</u>	
Nationality: <u>Indian</u>		AADHAAR No.: <u>707968202571</u>	
		"AADHAAR number (for PF/ESI/Statutory purpose only)"	
		Disability/Medical Condition(Yes/No): <u>No</u>	
		(Please refer equal opportunity form)	
		Nature of Disability: _____	

Family Details					
Particulars	Father	Mother	Spouse	Child 1	Child 2
Full Name	Pradip Shewate	Jayashree Shewate			
Gender	Male	Female			
Date of Birth	3/30/1965	1/5/1974			

Languages Known			
Language	Read	Write	Speak
English	Proficient	Proficient	Proficient

JOINING MASTER SHEET

Address details		
	Complete Address	Emergency contact details
Permanent Address	Satara	Name: Pradip Shewate Relationship: Contact Number:
Same as Current Address	Yes	
Current Address	Kikali, Tah: Wai, Dist: Satara ,415530 Satara 415530 Maharashtra India	Name: Pradip Shewate Relationship: Father Contact Number:
Secondary Emergency Address		Name: Akshay shewate Relationship: Brother Contact Number:

Educational Qualifications

Highest Qualification Bachelor's Degree	
College Name & Address	Satara College of Engineering, Satara
University Name & Address	Shivaji University, Kolhapur
Program: Bachelor of Engg./ Technology	Period: (MM/DD/YYYY) Start Date: <u>8/16/2011</u> Date of Passing: <u>8/25/2015</u>
Type of degree: <u>Full Time</u> Specialization: <u>Electronics/Telecommunications</u>	Percentage/Rank/Grade/Class: <u>70.6</u> Roll/Seat Number: <u>42817</u>

Other Qualification 1 (If any) :	
College Name & Address	
University Name & Address	
Program:	Period: (MM/DD/YYYY) Start Date: _____ Date of Passing: _____
Type of degree: _____ Specialization: _____	Percentage/Rank/Grade/Class: _____ Roll/Seat Number: _____

JOINING MASTER SHEET

Other Qualification 2 (If any) :	
College Name & Address	
University Name & Address	
Program:	Period: (MM/DD/YYYY) Start Date: _____ Date of Passing: _____
Type of degree: _____ Specialization: _____	Percentage/Rank/Grade/Class: _____ Roll/SeatNumber: _____

Other Qualification 3 (If any) :	
College Name & Address	
University Name & Address	
Program:	Period: (MM/DD/YYYY) Start Date: _____ Date of Passing: _____
Type of degree: _____ Specialization: _____	Percentage/Rank/Grade/Class: _____ Roll/SeatNumber: _____

JOINING MASTER SHEET

Employment Details

Sl.No	Employer Name	Employer Location	Start and End date (MM/DD/YYYY)	Designation	Employment Type (Full/Part Time)
1	Neosoft Technology Pvt Ltd	Pune	5/28/2019 2/5/2021	Software Engine	Full Time
2	Buzzybrains Software pvt ltd	Pune	11/23/2017 5/23/2019	Software Engine	Full Time
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Nomination Details

Personal Accident Insurance (Personal Accident + Life Cover + Medical Insurance)					
	1	2	3	4	5
Nominee Name	Pradip Shewate	Jayashree Pradip Sh			
Relationship	Father	Mother			
Address	At Post Kikali, Tah: Wai, Dist: Satara	At Post Kikali, Tah: Wai, Dist: Satara			
City					
Date of Birth	3/30/1965	1/5/1974			
Age (in years)					
Amount of share of accumulation %	50	50	0	0	0

Provident Fund/Family Pension & Life Assurance					
	1	2	3	4	5
Nominee Name	Akshay Pradip Shew	Tejashree Pradip Sh			
Relationship	Brother	Sister			
Address	At Post Kikali, Tah: Wai, Dist: Satara	At Post Kikali, Tah: Wai, Dist: Satara			
City					
Date of Birth	9/20/1995	9/20/1995			
Age (in years)					
Amount of share of accumulation %	50	50	0	0	0

Gratuity					
	1	2	3	4	5
Nominee Name	Pradip Shewate	Jayashree Shewate			
Relationship	Father	Mother			
Address	At Post Kikali, Tah: Wai, Dist: Satara	At Post Kikali, Tah: Wai, Dist: Satara			
City					
Date of Birth	3/30/1965	1/5/1974			
Age (in years)					
Amount of share of accumulation %	50	50	0	0	0

Employee State Insurance Corporation (ESIC)					
	1	2	3	4	5
Nominee Name	Pradip Shewate	Jayashree Pradip Sh			
Relationship	Father	Mother			
Address	At Post Kikali, Tah: Wai, Dist: Satara	At Post Kikali, Tah: Wai, Dist: Satara			
City					
Date of Birth	3/30/1965	1/5/1974			
Age (in years)					
Amount of share of accumulation %	50	50	0	0	0

Salary/Full & Final settlement /Other dues					
	1	2	3	4	5
Nominee Name	Pradip Shewate	Jayashree Pradip Sh			
Relationship	Father	Mother			
Address	At Post Kikali, Tah: Wai, Dist: Satara	At Post Kikali, Tah: Wai, Dist: Satara			
City					
Date of Birth	3/30/1965	1/5/1974			
Age (in years)					
Amount of share of accumulation %	50	50	0	0	0

To be mandatorily filled if the monthly gross salary is less than INR 21,000.

AADHAAR card number of family members to be furnished for purpose of issuance of e-Pehchan card by ESIC

The purpose of requesting Aadhaar number is restricted only for complying with the KYC norms specified by the concerned statutory authorities and for ease of enrollment/membership/transfers/claims etc. related to PF, pension, EDLI, ESI and/or such other benefits as may be applicable to you and as provided under the applicable laws from time to time.



INSURANCE NOMINATION FORM

(To be filled in by employee)

I, SNEHAL PRADIP SHEWATE E.Code

Nominate the following person to whom in the event of my death the amount under each of the below policy will be payable

Policy Name	Name Of Nominee's	Relationship	Address Of Nominee	% of distribution
Mediclaim / Personal Accident / LifeCover	Pradip Shewate	Father	At Post Kikali, Tah:	50
	Jayashree Pradip Shewate	Mother	At Post Kikali, Tah:	50
			Wai, Dist: Satara	0
				0
				0

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Capgemini Technology Services India Limited [Company] liability and no one party shall have any rights upon the Company w.r.t aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement between me and the Company. There are no oral or written understandings, representations, warranties or commitments of any kind, express or implied, in relation to the matters dealt with this that are not expressly set out in this document.

I understand that the Insurance benefit schemes are offered at the discretion of the management and are subject to change from time to time without prior notice. The above nomination will be valid for the schemes applicable at the time of occurrence of an event / claim during my employment with Company.

Full Name and Location of Witnesses

1. _____

2. _____

Signature of Witnesses

1. _____

2. _____

Date: 2/8/2021

Place: Pune

x
Signature of employee



NOMINATION FORM
(To be filled by employee)

I, **SNEHAL PRADIP SHEWATE**

Address Kikali, Tah: Wai, Dist: Satara Satara (EMP Code)
Maharashtra 415530 India

Nominate the following person/s, to whom in the event of my death the amount towards my Salary/Full and Final settlement/Other dues accrued to me by virtue of my employment with Capgemini Technology Services India Ltd. [Company], will be payable:-

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee	Pradip Shewate	Jayashree Pradip Shewate	
Relationship	Father	Mother	
Address of Nominee	At Post Kikali, Tah: Wai, Dist: Satara	At Post Kikali, Tah: Wai, Dist: Satara	
% of distribution	50	50	0

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Company's liability and no one party shall have any rights upon the Company w.r.t the aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement, between me and the Company. There are no oral or written understandings, representations, warranties or commitments of, any kind, express or implied, in relation to the matters dealt with this document that are not expressly set out in this document.

Full Name and Location of Witnesses

1. _____

2. _____

Signature of Witnesses

1. _____

2. _____

Date: 2/8/2021

Place: Pune

x
Signature of employee

Emp Code:

FORM.2 (REVISED)
NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED I EXEMPTED ESTABLISHMENTS

Declaration and Nomination form under the Employees' Provident Fund and Employees' Family Pension scheme
(Paragraph 33 and 61(1) of the Employees' Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Family Pension Scheme, 1995)

1. Name (in block Letters) : SNEHAL PRADIP SHEWATE

2. Father's /Husband's Name : Pradip Shewate

3. Date of Birth : 4/5/1993

4. Sex : Female

5. Marital Status : Single

6. PF Account No. :

7. Pension Account No. :

8. Residential Address : Kikali, Tah: Wai, Dist: Satara Satara
Maharashtra 415530 India

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 member	Age of Nominee (S)	Total amount of 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 nominee
1	2	3	4	5	6
Akshay Pradip Shewate	At Post Kikali, Tah:	Brother		50	
Tejashree Pradip Shewate	At Post Kikali, Tah:	Sister		50	
				0	
				0	
				0	

*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.

*Certified that my father / mother is /are dependent upon me.

*Strike out whichever is not applicable.

X

Signature/or Thumb impression of the subscriber

PART-B (EPS) (Para 18)

I hereby furnish below particulars of the members of my family, who would be eligible to receive Family Pension & Life Assurance benefits in the event of my premature death in service.

Sr. No	Name and address of the family members	Date of Birth	Relationship with the member
1	Pradip Shewate At Post Kikali, Tah: Wai, Dist: Satara	3/30/1965	Father
2	Jayashree Pradip Shewate At Post Kikali, Tah: Wai, Dist: Satara	1/5/1974	Mother
3			

**Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following persons for receiving the monthly pension (admissible under para 16 2(a) (i) and (ii) of Employee's Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving Pension:

Sr. No	Name and Address of the Nominee	Date of Birth	Relationship with the member
1	Pradip Shewate At Post Kikali, Tah: Wai, Dist: Satara	3/30/1965	Father
2	Jayashree Pradip Shewate At Post Kikali, Tah: Wai, Dist: Satara	1/5/1974	Mother
3			

Date: 2/8/2021

*Strike out whichever is not applicable

Signature/ or Thumb impression of the Subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/ thumb impressed before me by shri/smt./kum. Employed in my establishment after he/she has read the entries/ the entries have been read over to him/her be me and got confirmed by him/her.

For Capgemini Technology Services India Ltd

Date:

Place:

Authorized Signatory
Capgemini Technology Services India Limited
Plant.2, Block A, Godrej IT Park,
Godrej & Boyce compound, LBS Marg,
Vikhroli (West), Mumbai-400079

Note:

(A) UNDER THE EMPLOYEES' PROVIDENT FUND SCHEME: PART- A (EPF)

If married: Spouse, Children (Married/Unmarried), his/her dependent parents, deceased son's widow and children if unmarried: Mother, Father, Brother Sister or any other person(s).

(B) UNDER THE FAMILY PENSION SCHEME : PART - B (EPS)(Para18)

If married: Spouse, Children (include children adopted legally before death in service.) if unmarried : Mother, Father

On the death of a member of the Family Pension Scheme, his family will be entitled to the benefits under the Family Pension Scheme. The family is defined as under in case of:

(I) Married

- (a) Wife in the case of male member;
- (b) husband in the case of female member; and
- (c) Sons and daughter upto age of 25 years

Explanation: The expression "Sons" and "Daughters" shall include children adopted legally before death in service.

(I) Unmarried

- (a) Mother
- (b) Father

***Further please 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.



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	Snehal Pradip Shewate						
2	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/>	Pradip Shewate						
3	Date of Birth: (MM/DD/YYYY)	4/5/1993						
4	Gender: (Male/Female/Transgender)	Female						
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	Single						
6	(a) Email ID: (b) Mobile No.:	snehalshewate@gmail.com 9503885078						
7	Present employment details: Date of joining in the current establishment (MM/DD/YYYY)	2/8/2021						
8	KYC Details: (attach self attested copies of following KYCs)							
	a) Bank Account No. :							
	b) IFS Code of the branch:							
	c) AADHAR Number	707968202571						
	d) Permanent Account Number (PAN), if available	FHJPS6373F						
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						
11	Previous employment details: [if Yes to 9 AND/OR 10 above] – Un-exempted							
	Establishment Name & Address	Universal Account Number	PF Account Number	Date of joining (MM/DD/YYYY)	Date of exit (MM/DD/YYYY)	Scheme Certificate No. (if issued)	PPO Number (if issued)	Non Contributory Period (NCP) Days
		0000000000						
12	Previous employment details: [if Yes to 9 AND/OR 10 above] – For Exempted Trusts							
	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	
13	a) International Worker:				Yes / No			
	b) If yes, state country of origin (India/Name of other country)							
	c) Passport No.							
	d) Validity of passport [(MM/DD/YYYY to (MM/DD/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 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: 2/8/2021

Place: Pune

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr/Ms/Mrs _____ has joined on _____ and has been allotted PF no. _____ and UAN _____
- B. In case the person was earlier not a member of EPS 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.

Date:

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 F

See Sub-rule (1) of Rule 6

Nomination

To,
Capgemini Technology Services India Limited
Plant.2, Block A, Godrej IT Park,
Godrej & Boyce compound, LBS Marg,
Vikhroli (West), Mumbai-400079

I, Shri/ Shrimati/Kumari **SNEHAL PRADIP SHEWATE**

Whose recently 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.

- I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act,1972.
- I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
- (a) My father /mother/parents is/are not depend on me.
(b) My husband's father/mother/parents is/are not dependent on my husband.
- 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
- Nomination made here in invalidates my previous nomination.

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
Pradip Shewate At Post Kikali, Tah: Wai,	Father		50
Jayashree Shewate At Post Kikali, Tah: Wai,	Mother		50
			0

Statement

1 Full name of the employee : **SNEHAL PRADIP SHEWATE**

2 Sex : **Female**

3 Religion :

4 Whether unmarried/married/widow/widower : **Single**

5 Department/Branch/Section where employed :

6 Post held with Ticket No. or Serial No., if any :

7 Date of appointment : **2/8/2021**

8 Permanent Address : **Kikali, Tah: Wai, Dist: Satara Satara**
Maharashtra 415530 India

Village: Thana: Sub-division:

Post Office : District: State:

Place: **Pune** X
Date: **2/8/2021** Signature/Thumb-impressed of the Employee

Declaration of Witnesses

Nomination signed/ Thumb-impressed before me

Full Name and Location of Witnesses

Signature of Witnesses

1. _____

1. _____

2. _____

2. _____

Place: Pune

Date: 2/8/2021

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 authorized
Designation

Capgemini Technology Services India Limited
Plant.2, Block A, Godrej IT Park,
Godrej & Boyce compound, LBS Marg,
Vikhroli (West), Mumbai-400079

Date: _____

Acknowledgement by the Employee

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

X

Date: 2/8/2021

Signature of the Employee

Note- Strike out the words/paragraphs not applicable



DECLARATION FORM_FORM 1

Sr.No	Particulars	Fill up by Employee all points is necessary
A	Employee Details	
	* Whether Earlier Member of ESI Scheme (Yes/No)	
	* If Yes, your earlier ESI Number	
	Employee ID	
1	Employee's Full Name	SNEHAL PRADIP SHEWATE
2	Father's Name	Pradip Shewate
3	Spouse's Name	
4	Gender	Female
5	Date of Birth	4/5/1993
6	Date of Joining	2/8/2021
7	Marital Status	Single
8	Religion	
9	Nationality	Indian
10	Handicap? (YES/NO)	
	If Yes, From date & Certificate	
11	Permanent Address	Kikali, Tah: Wai,
	Area	Dist: Satara ,415530
	City	Satara
	District	
	State	Maharashtra
	Pin Code	415530
12	Temporary Address	Kikali, Tah: Wai,
	Area	Dist: Satara ,415530
	City	Satara
	District	
	State	Maharashtra
	Pin Code	415530
13	STD Code & Telephone Number	9970541932
14	Mobile/Cell Number	9503885078
15	Email ID	snehalshewate@gmail.com
16	PAN Number	FHJPS6373F
17	Do you have AADHAAR Card ? (YES/NO)	
	If yes, please mention 16 digits AADHAAR Card No.	707968202571

B) EMPLOYEE'S FAMILY DETAILS							
Sr. No.	Name of Family Member	Relationship	DOB	Whether residing with him/her	If No, state place of residence	Whether AADHAAR available?	If Yes, AADHAAR No.
1	Pradip Shewate	Father	3/30/1965				
2	Jayashree Pradip Shewa	Mother	1/5/1974				
3							
4							
5							

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.		
Name	Relationship	Address

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the corporation any changes in the membership of my family within 15 days of such change.

Signature by Employer

x

Signature of Insured Person/Employee

To be mandatorily filled if the monthly gross salary is less than INR 21,000.

AADHAAR card number of family members to be furnished for purpose of issuance of e-Pehchan card by ESIC

The purpose of requesting Aadhaar number is restricted only for complying with the KYC norms specified by the concerned statutory authorities and for ease of enrollment/membership/transfers/claims etc. related to PF, pension, EDLI, ESI and/or such other benefits as may be applicable to you and as provided under the applicable laws from time to time.