



WELCOME
PORTIA J SYDNEY

XCEEDANCE

JOINING KIT

INSTRUCTIONS

Hello Portia J Sydney

This is your digitized Joining kit based on the information you have shared during profile completion in Workline.

We request you to go through each and every detail that is printed and sign the copy wherever marked for.

Do look out for the “●” on pages where you have to fill the information or sign.

Wishing you a long and exciting career at Xceedance.

Team HR

MEMBER INFORMATION FORM

PERSONAL DETAILS

Name of the Member Ms.Portia J Sydney		Contact number (+91) 7409129413	Alternate contact number
Email portiajsydney27@gmail.com		PAN BICPJ2068L	Aadhaar Number 849566758964
Gender Female	Birth Date 10-Oct-1997	Blood Group B +ve	Marital Status Single
Father's Name	Mr. Joyce Sydney		
Emergency Contact Person's – Name & Relation Mr. Joyce Sydney (Father)		Emergency Contact Person's - Contact number 9758749528	

VISA DETAILS

Visa	Visa Category	Visa Validity	Visa Issuing Country	Countries Eligible to work with Visa

ADDRESS DETAILS

Permanent Address 5/132 D1 Netaji colony GT road Aligarh		Current Address 5/132 D1 Netaji colony GT road Aligarh	
City	Aligarh	City	Aligarh
State	Uttar Pradesh	State	Uttar Pradesh
Postal Code	202001	Postal Code	202001
Country	India	Country	India
Phone Number		Phone Number	(+91) 9758749528
		Nature of Accommodation <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input checked="" type="checkbox"/> With Parents <input type="checkbox"/> With Relatives <input type="checkbox"/> Hostel <input type="checkbox"/> PG	



FAMILY DETAILS

Name	Relation	DOB & AGE	Qualification	Occupation	Dependent ?
Mr. Joyce Sydney	Father	03-Jan-1963 (59)		Retired	Yes

ACADEMIC DETAILS

Qualification	School/College/University/ Institute	Month & Year of Passing	Subject/ Course	Percentage	Regular/Distance Learning
10th	CBSE	Mar 2012		Grade A	Full Time
12th	CBSE	Mar 2014	Mathematics	Grade A	Full Time
Graduate	Himalayan University	Aug 2017	Computer Applications	Grade B	Full Time
M.B.A	Arunachal University of Studies	Sep 2021	HR	Grade A	Correspondence

CERTIFICATION / SPECIALISED COURSE / TRAINING DETAILS

Year	Name of the Course	Validity(years)	College/University/Institute	Certificate Awarded

EMPLOYMENT HISTORY

Duration		Organization	Designation	Annual CTC	Reason for leaving
08-May-2019	04-Oct-2019	Capgemini	Process Associate	1	
23-Dec-2019	30-Sep-2020	Barclays	Process Advisor	2	
19-Oct-2020	09-Jan-2022	Eventenoo Events	Operational Manager	2	For growth



JOINING DETAILS

Date of Joining	13-Jun-2022	Joining Location	Noida
Offered Designation	Analyst	Capability	Claims
Source	Others	Source Name	Linkedin
Offered Annual CTC	343549.00	Total Experience	2 Year(s) 4 Month(s)
Reporting Manager	Kshitij Rawat	Last Working Day with previous employer	09-Jan-2022

DECLARATION

I certify that all the information given in this form and credentials/documents uploaded are true to best of my knowledge.

Should there be any change/update in the information provided or credentials/documents uploaded by me in this application, I shall immediately update my online profile and upload supporting documents immediately.

Portia J. Sydney

Signature of Portia J Sydney

CONFIDENTIALITY AGREEMENT

This Agreement is made between **Ms.Portia J Sydney**("MEMBER") and **XCEEDANCE CONSULTING INDIA PRIVATE LIMITED** (hereinafter referred as "Xceedance"), on **13-Jun-2022**

MEMBER will perform services for Xceedance which may require Xceedance to disclose confidential and proprietary information ("Confidential Information") to MEMBER. (Confidential Information shall specifically include, but not be limited to, information, whether in written, documentary, graphic, oral, electronic, computer readable or any other form whatsoever, relating to technical know-how, methods and procedures of operations, specifications, secret processes, Business Ideas, intellectual property rights, systems of manufacture, equipment, apparatus, devices, drawings, procedure and reference manuals, materials, inventions, products, and developments related thereto, client lists, price lists, cost information, personnel plans, marketing and advertising plans and strategies, financial and accounting plans and information, projections or budgets, creative ideas and concepts, documents, memoranda, records, client files, video tapes, audio cassettes, diskettes, software, confidential or proprietary third party information, information on new products and services being researched or developed by Xceedance). Accordingly, to protect the Xceedance Confidential Information that will be disclosed to MEMBER, the MEMBER agrees as follows.

1. MEMBER will hold the Confidential Information received from Xceedance in strict confidence and shall exercise a reasonable degree of care to prevent disclosure to others.
2. MEMBER will not disclose or divulge either directly or indirectly the Confidential Information to others unless first authorized to do so in writing by Xceedance.
3. MEMBER will not reproduce the Confidential Information nor use this information commercially or for any purpose other than the performance of his/her duties for Xceedance.
4. MEMBER will, upon the request or upon termination of his/her relationship with Xceedance, deliver to Xceedance any drawings, notes, documents, equipment, and materials received from Xceedance or originating from its activities for Xceedance.
5. Xceedance shall have the sole right to determine the treatment of any information that is part or project specific received from MEMBER, including the right to keep the same as a trade secret, to use and disclose the same without prior patent applications, to file copyright registrations in its own name or to follow any other procedure as Xceedance may deem appropriate.
6. Xceedance reserves the right to take disciplinary action, up to and including termination for violations of this agreement.
7. This confidentiality agreement will continue to be in force for one year from the last date of an MEMBER in the organization

MEMBER represents and warrants that it is not under any pre-existing obligations inconsistent with the provisions of this Agreement.

Signing below signifies that the MEMBER agrees to the terms and conditions of the agreement stated above

Xceedance Consulting India Private Limited

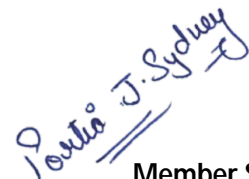


Parul Singh

Vice President - Human Resources

Date:13-Jun-2022

Ms.Portia J Sydney



Member Signature

Date:13-Jun-2022

FORM 2 (Revised)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employee's Provident Funds and Employee's Pension Scheme
(Paragraphs 33 & 61 (1) of the Employees' Provident Fund Scheme, 1952 and Paragraph 18 of the Employee's Pension scheme, 1995)

1. Name (in Block letters) : **PORTIA J SYDNEY**
2. Father's Name : **Mr. Joyce Sydney**
3. Date of Birth : **10-Oct-1997**
4. Sex : **Female**
5. Marital Status : **Single**
6. Account No. : **MHBAN0046257000 UAN : 101455585947**
7. Address : **Permanent:5/132 D1 Netaji colony GT road Aligarh,Aligarh - 202001,Uttar Pradesh,India**
Temporary:5/132 D1 Netaji colony GT road Aligarh,Aligarh - 202001,Uttar Pradesh,India
8. Date of Joining : **13-Jun-2022**

PART – A (EPF)

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

Name of Nominee / Nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulations in provident Fund to be paid to each nominee	If the nominee is minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee
Mr. Joyce Sydney	5/132 D1 Netaji colony GT road Aligarh,Aligarh - 202001,Uttar Pradesh,India	Father	03-Jan-1963	100%	

- 1 * Certified that I have no family as defined in para 2(g) of the Employee's 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.

Portia J. Sydney

Signature or thumb impression of the subscriber

* Strike out whichever is not applicable

Part B (EPS)

(Para 19)

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 & Address of the family member	Date of Birth	Relationship with member

**Certified that I have no family as defined in para2 (vii) of Employee's pension scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16.2(a) (i) and (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
Mr. Joyce Sydney (5/132 D1 Netaji colony GT road Aligarh, Aligarh - 202001, Uttar Pradesh, India)	03-Jan-1963	Father

Date: **13-Jun-2022**


Signature or thumb impression of the subscriber

** Strike out whichever is not applicable

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 /entries have been read over to him /her by and got confirmed by him /her.

Place:.....

Date:.....

Signature of the Employer or other Authorised office of the Establishment

Designation.....

Name & Address of the factory / Establishment or Rubber Stamp



Information Security Management System ISO 27001:2013

ISMS Policy and Objectives

What is ISMS?

An Information Security Management System (ISMS) is a set of policies concerned with information security management or IT related risks. The idioms arose primarily out of ISO 27001.

ISMS Policy Statement

'Xceedance Consulting India Limited commits to protect its information assets from all identified threats, whether internal or external, deliberate or accidental, such that the confidentiality of information is maintained; integrity of information can be relied upon; availability of information is ensured; all legal, regulatory, statutory and contractual obligations are met and ensure continual improvement towards organization wide Information Security Management System.'

ISMS Objectives

1. To ensure adequate governance processes are in place and to align functional information security objective with organization objectives;
2. To ensure that information security is embedded in all phases of the project lifecycle of the products and services;
3. To identify the information assets and understand vulnerabilities and threats that may expose them to risk, through appropriate risk assessment;
4. To ensure that identified risks are mitigated through adequate controls or accepted by risk owners as documented in the risk treatment plan;
5. To implement mechanisms to ensure that systems are in place to capture and investigate security incidents and to take adequate actions;
6. To ensure information security awareness for all employees and as per their organizational roles in information security organization structure;
7. To ensure compliance to all applicable legal and regulatory requirements;
8. To ensure confidentiality of information through NDA / confidentiality agreement or appointment letter for employees and third party;
9. To ensure that implementation of the policy requirements and effectiveness of the information security system is validated at periodic intervals;
10. To communicate all information security policy to Employees and other interested parties; and
11. To ensure business continuity objective defined for key services of customer satisfaction and revenue continuity and set up a robust governance framework for provision of resources and infrastructure during a business disruption



Quality Management System 9001:2015

QMS Policy and Objectives

What is QMS?

A Quality Management System(QMS) is a set of business processes focused on achieving the organizational quality policy and objectives to meet customer requirements. It is expressed as the organizational structure, policies, procedures, processes and resources to implement quality management.

QMS Policy

“Catalyzing innovation and growth within new and existing insurance/reinsurance market participants through process engineering, technology and analytics”

The idea that together they can “exceed expectations” unifies the Xceedance team, making them even more capable of helping clients exceed expectations:

By delivering high quality work quickly and cost effectively;

By building standards and repeatable processes which improve operational efficiency; and

Most importantly, by striving to constantly go higher than any bar set for quality, innovation and efficiency.’

QMS Objectives

1. To develop staff competencies, creativity, empowerment and accountability through appropriate product/services solution platform and show strong management involvement and commitment
2. To ensure comfort and ease for team members by building standard processes which can improve operational efficiency;
3. To ensure that the standard processes are followed across the organization and any to them deviations are recorded;
4. To ensure quality checks are conducted as per SLA measurement for vendors as per contracts;
5. To ensure timely upgrading the organization as per the changing technology through innovation and efficiency to keep up with the market standards;
6. To ensure the organizational quality standards are maintained by the team members/vendors during service delivery;
7. To drive continual improvement of business processes through well-defined measurements with the help of defined KPIs, best practices and client feedbacks; and
8. To ensure the safety of the team member and third party in case of an incident.

Pledge on Information Security and Quality Management System

1. I understand and appreciate that Information Security is crucial to Xceedance and to existing as well as potential customers.
2. I will adopt no tolerance policy to the violation of Information security practices in line with the 'Zero Tolerance' policy.
3. I will complete my ISO Quiz within 5 days of my joining.
4. I will be an active participant in all initiatives undertaken by company to further strengthen information and physical security measures. I will undertake all responsibility be it to establish, implement, review, monitor or maintain information security.
5. I do understand that violation of this pledge can lead to consequences ranging from severe disciplinary action to termination of employment.
6. I will abide by all the Information security measures and will confirm the following:
7. I understand that if I observe or feel that a breach of Information security has occurred, I shall report it.
8. I take responsibility to highlight any information security weakness that I observe or feel to my supervisor and/or report I in. I understand that my identity shall remain confidential.
9. I shall not share sensitive data of other Xceedance employees with anyone without appropriate authorization.
10. I shall inform HR of any changes in my personal data such as address, telephone number, emergency contact number or qualifications.

1) Maintaining Information Confidentiality

- a) I will not share any business related confidential information with any one.
- b) I will not copy or share any such information which is confidential with any individual, colleague or external organization. I will not use any data storage device provided either by the company or my own that violates the tenets of information security. An indicative list includes telephone mail, laptop, USB, Camera, PDA, mobile phone, wireless data card and MP3 players.
- c) I understand and appreciate that the end customer's data pertaining to financial matters, healthcare, personal data (age, communication address) or contract data such as Statement of Work or Master Service Agreement is sacrosanct and not to be shared under any circumstance. I will abide by the condition (legal and otherwise) as required by the client and will respect the stipulated rules.
- d) I will report any violation of information security practices.
- e) I will keep my passwords confidential.
- f) I will lock my computer when I am not at my work station.

2) Integrity of Information

- a) I will not alter any hardware (such as removal of RAM) or software (Downloading, Installing or removing applications) on the computer assigned to me without the prior approval of the Security Council. I will immediately notify the OT helpdesk when I notice any changes in the hardware or software status.

3) Availability of Information

- a) I understand that it is good practice to store all business-critical information in centralized data storage.

Practices to be adopted for information security

Proactive Security Management

1. I understand that my laptop, desktop and workstation can be audited from time to time. I understand that my company reserves that right to seek the log of sites visited by me from the service provider for the wireless data card Installed on my laptop.
2. If I am using a laptop with a data card I will use the data card only after unplugging from the network. I understand that accessing the internet through the data card may pose a Virus security threat to the network.
3. I will not alter any client or customer information without permission I will not use the laptop issued by the company to visit internet sites that are forbidden by company policy.
4. I understand that the facility is under electronic surveillance. I will lock my cabin before I leave.
5. I will not tailgate.
6. I will not participate in chain emails and notify the IT helpdesk when I come across chain emails.
7. I will co-operate and agree to physical security requirements such as frisking by security personnel, baggage checks, display ID cards while in office.

I also realize that the above controls are not exhaustive and any additional controls instituted by the company in the interest of information security will automatically be applicable to me.

Signature:

Name of Member : **Portia J Sydney**
Business/Function : **Xceedance Consulting India Private Limited/Claims**
Member ID : **4978**
Date of Joining : **13-Jun-2022**

Medical Insurance Coverage

Member ID : 4978
Member Name : Ms.Portia J Sydney
Date of joining : 13-Jun-2022
Gender : Female
DOB : 10-Oct-1997

Name	Relationship	DOB	Gender
Mr. Joyce Sydney	Father	03-Jan-1963	Male

Medical Insurance:

The Company will be providing the group medical insurance as per the policy. The premium will be paid by the Company.

1. Parental coverage premium is optional, however it's charged and major portion of the cost is still borne by the organisation.
2. **For SI 300,000** deduction is INR 400/parent/month from the payroll and there is no proration of this amount.
3. **For SI 500,000** deduction is INR 600/parent/month from the payroll and there is no proration of this amount.(Applicable only for AVP and above)

Portia J. Sydney

Member Signature

Date: 13-Jun-2022



New Form No.11- Declaration Form

(To be retained by the employer for future reference)

EMPLOYEES PROVIDENT FUND ORGANIZATION

Employees Provident Funds Scheme, 1952 (paragraph 34 & 57)

& Employees Pension Scheme 1995 (paragraph 24)

Emp Code :	4978
Company :	Xceedance

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /of EPS 1995 is applicable)

1.	Name of the Member	:	Ms.Portia J Sydney
2.	Father's Name	:	Mr. Joyce Sydney
3.	Date of Birth (DD/MM/YYYY)	:	10/10/1997
4.	Gender	:	Female
5.	Marital Status (Married /Unmarried / Widow/ Divorce)	:	Single
6.	a) Email ID	:	portiajsydney27@gmail.com
	b) Mobile No	:	7409129413
7.	Whether earlier a member of Employees 'Provident Fund Scheme 1952	:	Yes
8.	Whether earlier a member of Employees 'Pension Fund Scheme 1995	:	Yes
9.	If response to any or both of (7) & (8) above is yes. MANDATORY FILL UP THE (COLUMN 9)		
	a) Universal Account Number (UAN)	:	101455585947
	b) Previous PF a/c No	:	MHBAN0046257000
	c) Date of exit from previous employment (DD/MM/YYYY)	:	30/09/2021
	d) Scheme Certificate No (if Issued)	:	No
	e) Pension Payment Order (PPO) No (if Issued)	:	No
10.	a) International Worker	:	<input type="checkbox"/> Yes <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)	:	
11.	KYC Details (attach Self attested copies of following KYCs) **		
	a) Bank Account No. & IFS code	:	&
	b) AADHAR Number (12 Digit)	:	849566758964
	c) Permanent Account Number (PAN), If available	:	BICPJ2068L

UNDERTAKING

1. Certified that the Particulars are true to the best of my Knowledge
2. I authorize EPFO to use my Aadhar for verification / 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 (The Transfer Would be possible only if the identified KYC details approved by previous employer has been verified by present employer)
4. In case of changes in above details the same will be intimate to employer at the earliest

Portia J Sydney

Date: **13-Jun-2022**

Place: **Noida**

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member **Ms.Portia J Sydney** has joined on **13-Jun-2022** and has been allotted PF Number
- B. In case person was earlier not a member of EPF Scheme, 1952 and EPS, 1995
(Post allotment of UAN) The UAN Allotted for the member is
- **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
- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
- D. The above PF account number /UAN of the member as mentioned in (a) above has been tagged with his /her UAN/previous member ID as declared by member
 - **Please Tick the Appropriate Option**
 - ☐ The KYC details of the above member in the UAN database have been approved with digital signature Certificate and transfer request has been generated on portal.
 - ☐ As the DSC of establishment are not registered With EPFO the member has been informed to file physical claim (Form 13) for transfer of funds from his previous establishment.

Date:

Signature of Employer With seal of Establishment

Payment of Gratuity (Central) Rules

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,

XCEEDANCE CONSULTING INDIA PRIVATE LIMITED

Registered Office: Building 6, 4th Floor, Candor Tech Space,
Sector 48, Tikri, Gurgaon, Haryana 122018, India

1. I, **Ms. Portia J Sydney** 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 a 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 dependent on me.
(b) My husband's father/mother/parents is/are not dependent 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)

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)	(4)
1	Mr. Joyce Sydney (5/132 D1 Netaji colony GT road Aligarh, Aligarh - 202001, Uttar Pradesh, India)	Father	59	100%

Statement

1. Name of employee in full : Ms.Portia J Sydney
2. Sex : Female
3. Religion :
4. Whether unmarried/married/widow/widower : Single
5. Department/Branch/Section where employed : Claims
6. Post held with Ticket No. or Serial No., if any : Analyst
7. Date of Appointment : 13-Jun-2022
8. Permanent Address : 5/132 D1 Netaji colony GT road Aligarh, Aligarh - 202001, Uttar Pradesh, India

Place: Noida
Date: 13-Jun-2022

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 _____

2 _____

- 1 _____

2 _____

Place: Noida
Date: 13-Jun-2022

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:

Date:

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: 13-Jun-2022

Signature/Thumb-impression of the Employee

Note.—Strike out the words/paragraphs not applicable.