



WELCOME  
**RISHABH AGRAWAL**

# **XCEEDANCE**

**JOINING KIT**

## INSTRUCTIONS

Hello Rishabh Agrawal

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 <b>Mr.Rishabh Agrawal</b>		Contact number <b>(+91) 7060079060</b>	Alternate contact number
Email <b>rishabhagrawal9945@gmail.com</b>		PAN <b>BUJPA6096C</b>	Aadhaar Number <b>559318854268</b>
Gender <b>Male</b>	Birth Date <b>03-Oct-1997</b>	Blood Group <b>O +ve</b>	Marital Status <b>Single</b>
Father's Name	<b>Sanjeev Kumar Gupta</b>		
Emergency Contact Person's – Name & Relation <b>Sanjeev gupta (Father)</b>		Emergency Contact Person's - Contact number <b>8791050600</b>	

### VISA DETAILS

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

### ADDRESS DETAILS

<b>Permanent Address</b> <b>5/139B netaji colony melrose bypass netaji colony</b>		<b>Current Address</b> <b>5/139B netaji colony melrose bypass netaji colony</b>	
City	<b>Aligarh</b>	City	<b>Aligarh</b>
State	<b>Uttar Pradesh</b>	State	<b>Uttar Pradesh</b>
Postal Code	<b>202001</b>	Postal Code	<b>202001</b>
Country	<b>India</b>	Country	<b>India</b>
Phone Number		Phone Number	<b>(+91) 7060079060</b>
		<b>Nature of Accommodation</b> <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 ?
Sanjeev Kumar gupta	Father	20-Oct-1969 (53)		Trader	No

## ACADEMIC DETAILS

Qualification	School/College/University/ Institute	Month & Year of Passing	Subject/ Course	Percentage	Regular/Distance Learning
B.B.A	Institute of Information management and technology	May 2020	Business Administration	1st Class	Full Time

## 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



## JOINING DETAILS

Date of Joining	13-Jun-2022	Joining Location	Noida
Offered Designation	Analyst	Capability	Claims
Source	Others	Source Name	Linkedin
Offered Annual CTC	275234.00	Total Experience	
Reporting Manager	Kshitij Rawat	Last Working Day with previous employer	

## 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.



Signature of Rishabh Agrawal

## CONFIDENTIALITY AGREEMENT

This Agreement is made between **Mr.Rishabh Agrawal("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

**Mr.Rishabh Agrawal**



**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) : **RISHABH AGRAWAL**
2. Father's Name : **Sanjeev Kumar Gupta**
3. Date of Birth : **03-Oct-1997**
4. Sex : **Male**
5. Marital Status : **Single**
6. Account No. : **UAN :**
7. Address : **Permanent:5/139B netaji colony melrose bypass netaji colony,Aligarh - 202001,Uttar Pradesh,India**  
**Temporary:5/139B netaji colony melrose bypass netaji colony,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
<b>Sanjeev Kumar gupta</b>	<b>5/139B netaji colony melrose bypass netaji colony,Aligarh - 202001,Uttar Pradesh,India</b>	<b>Father</b>	<b>20-Oct-1969</b>	<b>100%</b>	

- 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.

*Rishabh Agrawal*

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
<b>Sanjeev Kumar gupta</b> (5/139B netaji colony melrose bypass netaji colony, Aligarh - 202001, Uttar Pradesh, India)	<b>20-Oct-1969</b>	<b>Father</b>

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.

*Rishabh Agrawal*

#### Signature:

Name of Member : **Rishabh Agrawal**  
Business/Function : **Xceedance Consulting India Private Limited/Claims**  
Member ID :  
Date of Joining : **13-Jun-2022**

## Medical Insurance Coverage

Member ID :  
Member Name : **Mr.Rishabh Agrawal**  
Date of joining : **13-Jun-2022**  
Gender : **Male**  
DOB : **03-Oct-1997**

Name	Relationship	DOB	Gender

### 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)



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 :

Company :

(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	:	Mr.Rishabh Agrawal
2.	Father's Name	:	Sanjeev Kumar Gupta
3.	Date of Birth (DD/MM/YYYY)	:	03/10/1997
4.	Gender	:	Male
5.	Marital Status (Married /Unmarried / Widow/ Divorce)	:	Single
6.	a) Email ID	:	rishabhagrawal9945@gmail.com
	b) Mobile No	:	7060079060
7.	Whether earlier a member of Employees 'Provident Fund Scheme 1952	:	No
8.	Whether earlier a member of Employees 'Pension Fund Scheme 1995	:	No
9.	<b>If response to any or both of (7) &amp; (8) above is yes. MANDATORY FILL UP THE (COLUMN 9)</b>		
	a) Universal Account Number (UAN)	:	
	b) Previous PF a/c No	:	
	c) Date of exit from previous employment (DD/MM/YYYY)	:	
	d) Scheme Certificate No (if Issued)	:	
	e) Pension Payment Order (PPO) No (if Issued)	:	
10.	a) International Worker	:	<input type="checkbox"/> Yes <input 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.	<b>KYC Details (attach Self attested copies of following KYCs) **</b>		
	a) Bank Account No .& IFS code	:	&
	b) AADHAR Number (12 Digit)	:	559318854268
	c) Permanent Account Number (PAN),If available	:	BUJPA6096C

### 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

*Rishabh Agrawal*

Date: **13-Jun-2022**

Place: **Noida**

Signature of Member

### DECLARATION BY PRESENT EMPLOYER

- A. The member **Mr.Rishabh Agrawal** 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, **Mr. Rishabh Agrawal** 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	<b>Sanjeev Kumar gupta</b> (5/139B netaji colony melrose byepass netaji colony, Aligarh - 202001, Uttar Pradesh, India)	<b>Father</b>	<b>53</b>	<b>100%</b>

## Statement

1. Name of employee in full : Mr.Rishabh Agrawal  
2. Sex : Male  
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 : 5/139B netaji colony melrose byepass netaji colony, Aligarh - 202001, Uttar Pradesh, India

*Rishabh Agrawal*

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.

*Rishabh Agrawal*

Date: 13-Jun-2022

Signature/Thumb-impression of the Employee

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





# घोषणा पत्र DECLARATION FORM

फार्म १/ Form-1

घोषणा पत्र कर्मचारी द्वारा भरा जाएगा। फार्म के साथ पोस्टकार्ड आकार के दो फोटोग्राफ भी लगाए जाने चाहिए। फार्म भरने के पहले पीठ पृष्ठ पर दी गयी हिदायतों को भली भांति पढ़ लेना चाहिए। यह फार्म निःशुल्क है।

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

## (क) बीमाकृत व्यक्ति का विवरण

### (A) INSURED PERSON'S PARTICULAR

1. बीमा संख्या/Insurance No.		
2. नाम (स्पष्ट अक्षरों में) Name in block letters RISHABH AGRAWAL		
3. पति का नाम Father's Name Sanjeev Kumar Gupta		
4. जन्म की तिथि/ Date of Birth 03-Oct-1997	5. वैवाहिक प्रस्थिति/ Marital Status Single	6. लिंग/Sex Male
7. वर्तमान पता/Present Address 5/139B netaji colony melrose bypass netaji colony पिन कोड/ Pin Code Aligarh - 202001, Uttar Pradesh, India टेलीफोन नं ईमेल पता 7060079060		8. स्थायी पता/Permanent Address 5/139B netaji colony melrose bypass netaji colony पिन कोड/ Pin Code Aligarh - 202001, Uttar Pradesh, India टेलीफोन नं ईमेल पता
शाखा कार्यालय Branch Office		औषधालय Dispensary

## (ख) नियोजक के विवरण

### (B) EMPLOYER'S PARTICULAR

9. नियोजक की कूट संख्या/ Employer's Code No	
10. नियुक्ति की तारीख/Date of Appointment 13-Jun-2022	
11. नियोजक का नाम और पता/ Name & Address of the Employer Xceedance Consulting India Private Limited: Building 6, 4th Floor, Candor Tech Space, Sector 48, Tikri, Gurgaon, Haryana 122018, India	
12. यदि पहले नियोजन में रहे हैं तो कृपया निम्नलिखित ब्यौरे दीजिए In case of any previous employment please fill up the details as under. (क) पिछली बीमा संख्या (a) Previous Ins. No. (ख) नियोजक कूट संख्या (b) Employer's Code No. (ग) नियोजक का नाम व पता (c) Name & Address of the Employer टेलीफोन नम्बर :- मेल पता/e-mail address:	

(ग) मृत्यु की स्थिति में नकद हितलाभ के भुगतान के लिए क रा बी अधिनियम 1948 की/ धारा 71/ क रा बी (केन्द्रीय) नियम, 1950 के नियम 56(2) के अंतर्गत नामित के ब्यौरे।

(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
Sanjeev Kumar gupta	Father	5/139B netaji colony melrose bypass netaji colony, Aligarh - 202001, Uttar Pradesh, India

मैं एतद्द्वारा 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/ देती हूँ।

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.

नियोजक के प्रतिहस्ताक्षर:

Counter signature by the employer

बीमाकृत व्यक्ति के हस्ताक्षर अंगूठा निशान

Signature / T.I. of IP.

सील सहित हस्ताक्षर

Signature with seal

## (घ) बीमाकृत व्यक्ति के परिजनों का विवरण

### (D) Family Particulars of Insured person

क्र सं S I.No.	नाम Name	फार्म भरने की तारीख के आयु/ जन्म तारीख Date of Birth / Age as on date of filling form	कर्मचारी के साथ नातेदार Relationship with the Employee	क्या उनके साथ रह रहे हैं? बताएं / Whether residing With him/her.		यदि नहीं तो आवास का स्थान दर्शाएं If 'No' state Place of Residence	
				हाँ Yes	नहीं/ No	कस्बा/ Town	राज्य/ State
1	Sanjeev Kumar gupta	20-Oct-1969	Father	Yes			

## क रा बी निगम अस्थायी पहचान पत्र

### ESI Corporation Temporary Identity Card

(नियुक्ति की तारीख से 3 महीने तक वैध)  
(Valid for 3 month from the date of appointment)

नाम/ Name			फोटो के लिए स्थान (Space for photograph)
बीमा संख्या/ Ins. No.		नियुक्ति की तारीख/ Date of appointment	
शाखा कार्यालय/ Branch Office		औषधालय/ Dispensary	
नियोजक की कूट संख्या व पता Employer's Code No. & Address			

वैधता/Validity

तारीख

Dated 13-Jun-2022

बीमाकृत व्यक्ति के हस्ताक्षर अंगूठा निशान  
Signature / T.I. of I.P.

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

## 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
- “कुटुम्ब” से किसी बीमाकृत व्यक्ति के निम्नलिखित सभी अथवा कोई नातेदार अभिप्रेत है-  
अर्थात्- (1) विवाहिता (2) बीमाकृत व्यक्ति पर आश्रित कोई धर्मज या दत्तक अवयस्क आश्रित बालक (3) कोई बालक जो बीमाकृत व्यक्ति के उपार्जन पर पूर्णतः आश्रित है तथा जो (के) 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 बीमाकृत व्यक्ति के उपार्जन पर पूर्णतः आश्रित है, (5) आश्रित मात-पितृ (ब्योरे 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 dependent upon the I.P.; (iii) A child who is wholly dependent 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 dependent 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).
- पहचान- पत्र अहस्तान्तरणीय है।  
Identity Card is Non-Transferable.
- 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.
- 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.
- नई नियुक्ति की स्थिति में भली-भांति भरा हुआ यह फार्म नियुक्ति के दस दिन के भीतर संबंधित 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.
- 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) Dependants benefit and (5) Maternity Benefit (in case of woman employees) subject of fulfillment of contributory conditions
- 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](http://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 प्रबंधक के हस्ताक्षर Signature of Branch Manager	

क्र.सं. Sl.No	नाम Name	फार्म भरने की तारीख के आयु/जन्म तारीख Date of Birth / Age as on date of filling form	कर्मचारी के साथ नातेदार Relationship with the Employee	क्या उनके साथ रह रहे हैं? बताएं / Whether residing With him/her.		यदि नहीं तो आवास का स्थान दर्शाएं If 'No' state Place of Residence	
				हाँ Yes	नहीं/ No	कस्बा/ Town	राज्य/ State
1	Sanjeev Kumar gupta	20-Oct-1969	Father	Yes			