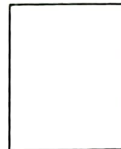




## Personal Data Form (PDF)

**Instructions:** Please provide all the information requested in this form. Incomplete Candidate Information Forms will be returned for completion. **All** supporting documents **must** accompany this form. **Legible** photocopies are required.

Fields with \* mark are mandatory



### **PART A - PERSONAL DETAILS:**

Initials: Mr/ Ms/ Mrs (Tick on the appropriate initial) **Name as per Aadhar card**

First Name\*: SHASHIKANT SINGH

Last Name\*: \_\_\_\_\_

Father's/ Husband's Full Name\*: AJAY KUMAR SINGH

Marital Status\*: No Blood Group\*: AB+ Date of Marriage: Nil

Date of birth (DD/MM/YY)\*: 29/11/2000 Nationality\*: Indian

Personal Contact Number (Land Line and/or Mobile)\*: 7574803491

Personal Email id\*: singhshashikant331@gmail.com

National ID Type\*: **(Mandatory)**

- Aadhar Card: 9320 8524 4681
- PAN Card: LGSPS6640D
- UAN No: \_\_\_\_\_

Bank Details	
Name as per Bank Records:	SHASHIKANT KUMAR SINGH
Bank Name	STATE BANK OF INDIA
Bank IFSC code	SBIN0013423
Bank A/C no.	36908897865
Bank's full Address:	STATE BANK OF INDIA, GIPCL UTILITY BUILDING, GIPCL NANI NAROLI. TAL, MOTA MIYAMANGROL, DIST: SURAT, GUJARAT (394110)

### Dependent Details\* (If Any):

Dependent Relationship	Dependent Name	Gender	Date of Birth	Age
Spouse				
Child-1				
Child-2				
Child-3				

### Emergency contact Details\*:

Name	Address	Contact Number	Relationship
AJAY KUMAR SINGH	GIPCL TOWNSHIP, SURAT, GUJARAT (394114)	9909992505	Father
SURYAKANT SINGH	"	9909929481	Brother

### First Data Accident and Life Insurance Beneficiary Nomination Form

In the event of my Death, I wish that my benefits under the Accident and Life Insurance Policy be apportioned to the following nominated beneficiaries:

Sr. No	Name	Relationship	Percentage (%)
1	Ajay kr. Singh	Father	25 %
2	Pushpa Singh	Mother	50 %
3	Suryakant Singh	Brother	25 %

### Current Address\*: (Complete details like Door Number, street, locality, City six digit pin code)

Address Line 1: SKYPARK RESIDENCES ,  
 Address Line 2: Thorai pakkam Ring Road , Just off GST Road  
 Address Line 3: 257, 200 Feet Radial Rd, Lakshmi Nagar, Ganapathipuram,  
 Address Line 4: Pallavaram  
 City: Chennai State: Tamil Nadu Country: India Pin Code: 600044

**Permanent Address\*:** (Complete details like Door Number, street, locality, City six digit pin code)

Address Line 1: G7/3, GIPCL TOWNSHIP, NANI NAROLI, TAL : MANGROL,

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

Address Line 4: \_\_\_\_\_

City: Surat State: Gujarat Country: India Pin Code: 394110

## **PART B - EDUCATION DETAILS\***

Qualification	Name & Address of Institute/ University	Year of Admission	Year of Passing Out	Specialization	%/CGPA	Part/Full Time
Under Graduation	MITWPU - Faculty of Engineering	2018	2022	B-Tech-CSE	8.19	Full Time
Higher Secondary	BHARATIYA VIDYA BHAVAN'S GIPCL ACADEMY	2017	2018	Science/ CBSE Board	78 %	Full Time
SSC	BHARATIYA VIDYA BHAVAN'S GIPCL ACADEMY	2015	2016	CBSE Board	81.70%	Full Time

PART C - PREVIOUS EMPLOYMENT DETAILS\*

Employer Name	Date of Joining (DD-MM-YY)	Date of Leaving (DD-MM-YY)	Designation	Full/ Part Time	Permanent / Temporary	Annual Fixed CTC (In INR)	Employee Number
SOLACE-Mental Healthcare	Jun 2021	Dec 2021	Founding Member	Full Time	Permanent	No Salary	Shashikant Singh
EY	Jun 2021	Sept 2021	Summer Intern	Part Time	Permanent	No Salary	Shashikant Singh

## Nationality Declaration

Full name: SHASHIKANT SINGH  
 Other name(s) used: Happy  
 Male or female: Male  
 Date of birth: 29/11/2000  
 Place of birth:   
 Current/Last known Address: C-13, GIPCL TOWNSHIP, NANI NAROLI  
MANGROL, SURAT,  
India  
 Postcode: 394110  
 Nationality at birth: Indian  
 Present nationality (if different):   
 Passport No (if applicable): T3103455  
 Have you ever possessed any?  
 Other nationality or citizenship: ☐ YES ☒ NO  
 If YES, please specify:   
  
  
 Are you lawfully a resident of India: ☒ YES ☐ NO  
 Are there any restrictions on your continued residence in India: ☐ YES ☒ NO If YES, please specify:   
  
 Are there any restrictions on Your ability to seek employment in India: ☐ YES ☒ NO  
 If YES, please specify:

### Declaration:

I hereby confirm that the information provided herein above is true and correct. I further undertake to notify any material changes in the information I have given above to the HR Department.

Signature: Shashikant



Employee ID: 10191115

**FORM F**

[See sub-rule (1) of rule 6]  
**NOMINATION AND DECLARATION FORM FOR GRATUITY**

To  
First Data

1. Shri/Shrimati SHASHIKANT SINGH whose particulars are given in the statement below have acquired a family within the meaning of Cl. (h) of sec,2 of the Payment of Gratuity Act, 1972 with effect from the (date) 01/09/2022. In the manner indicated below and therefore nominate afresh 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 against the name(s) of the nominee(s)

2. I hereby certify the person(s) nominated is/are member(s) of my family within the meaning of Cl. (h) of Sec. 2 of the said Act.

3. I have excluded my husband from my family by a notice dated the ..... to the controlling authority in terms of the proviso to Cl. (h) of sec. 2 of the said Act. (Applicable only if the applicant employee is a Divorcee)

**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 PUSHPA SINGH	Mother	44	50 %
2 AJAY KUMAR SINGH	Father	51	25 %
3 SURYAKANT SINGH	Brother	23	25 %

I also declare that this appointment of Beneficiary/ies/Nominee/s made herein shall have the effect of my revoking the appointment of Beneficiary/ies/Nominee/s made by me earlier. No information stated above will supersede until my next written revised intimation to the Employer.

**Declaration by witnesses**

Name in full and full address of witnesses.	Signature of witnesses.
1	
2	

Place Chennai  
Date 01/09/22

Shashikant  
Signature of the employee

***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

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 01/09/22

  
Signature of the employee

**Nomination details (if the ESIC is applicable)**

No. of Dependents' on you	01		
Mother's Maiden Name	PUSHPA SINGH		
Names of Blood relatives you want to Cover under this Scheme'	Relationship	Date of Birth	Are u staying with?  Yes/No
1 PUSHPA SINGH	Mother	15/10/2022	No
2			
3			
4			
5			

Place... Chennai  
Date... 01/09/22

  
**Signature of the Employee**

**Certification**

I certify that the information provided in this form is true and correct to the best of my knowledge.

I understand that if any information furnished by me is found to be false, I could be denied employment/be terminated.

  
Signature of the Candidate

Name: Shashikant Singh

Place: Chennai

Date: 01/09/22