

Seven Hills Facility Services Pvt Ltd

ENROLMENT FORM

Date : 02/05/2025

1 Personal No. : SHFS005899

2 Rank : CO ORDINATER

3 Name : DATLA RAVINDRA BHUPATHI V

4 Date of Birth & Age : 10/06/1998 & 27

5 Qualification :

6 Experience :

7 Father’s Name : DATLA SATYANARAYANA RAJU

8 Mother’s Name :

9 Occupation :

10 Mobile : 9133672933

11 Aadhaar No : 571691790704

12 PAN No :

13 Present Address	Permanent Address
Telangana Hyderabad	Andhra Pradesh Visakhapatnam

14 Languages Known :

15 Physical Standard

Height :	Weight :	Chest :
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16 Identification Marks :

(i)

(ii)

17 Marital Status / Name of Spouse : Married

18 Blood Group : -

19 Family Particulars :

SL No.	Name	Date of Birth/ Age	Relation with the Employee
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20 Reference (2 Neighbours with name , occupation and address / father-in-law address)

a)

b)

Left Thumb impressions:

Right Thumb impressions:

The above information is true to the best of my knowledge and belief.



Signature of Applicant :
Date :

Recruitment Officer
Date :

	Left Hand
Thumb Finger	
Index Finger	
Middle Finger	
Ring Finger	
Little Finger	

	Right Hand
Thumb Finger	
Index Finger	
Middle Finger	
Ring Finger	
Little Finger	



DECLARATION FORM

To be filled in the employee after reading instructions overleaf. Two postcard size photographs are to be attached this form. This form is free of cost

A) INSURED PERSON'S PARTICULARS

1 Insurance No. : 5222098394
2 Name : DATLA RAVINDRA BHUPATHI V
3 Father / Husband's Name : DATLA SATYANARAYANA RAJU
4 Date of Birth & Sex : 10/06/1998 / Male
5 Marital status : Married
6 Permanent Address : Andhra Pradesh Visakhapatnam

7 Current Address : Telangana Hyderabad
8 Branch Office / ESI Dispensary :

B) EMPLOYER'S PARTICULARS

9 Employer's Code No. :
10 Date of Appointment : 02/05/2025
11 Name & Address of the Employer : Seven Hills Facility Services Pvt Ltd
1st Floor, Plot No.33, HACP Colony, Nearby:SBI Vikrampuri
branch, Secunderabad, Telangana-500009

12 In case of any previous employment please fill up the details as under
a) Previous ins No.
b) Empir's Code No.
c) Name & address of the Employer

C)Details of Nominees U/S 71 ESI Act 1948/Rule56(2) of ESI(Central) Rules, 1950 for payment of cash benefit in the event of death)

Name :
Relationship :
Address :

D) FAMILY PARTICULARS OF INSURED PERSON

Sl.No.	Name	Date of birth/Age as on date of filling form	Relationship with the Employee	Whether residing With	if No,state place of residence
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ESI Corporation Temporary Identity Card

Name : DATLA RAVINDRA BHUPATHI V
Ins No. : 5222098394
Date of Appointment : 02/05/2025
Branch Office :
ESI Dispensary :
Employer's code No :
Validity :
Date :



Signature of T.I Of I.P

Signature of B.M. With Seal

I declare that my dependent parents income from all sources is 1) Father's income Rs..... (2) Mother's income Rs..... Total Rs.....(Rupees.....) and he/she/they, is /are Wholly dependent on me and also resides with me.

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

Seven Hills Facility Services Pvt Ltd

Authorised signatory

Counter signature by the employer

Signature with seal

Dated:.....



Signature / T.I & IP

INSTRUCTIONS

- 1. Submission of Form -1, is governed by regulations 11 & 12 of ESI (General) Regulations, 1950
- 2. 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 dependent on the earnings of the I.P.and who is(a) receiving education, till he or she attains the age 21 yrs(b) an unmarried daughter ;(iv) a child who is infirm by reason of any physical or mental abnonormally pr injury and is wholly dependent on the earnings of the I.P.so lo9ng as the infirmity continues;(v) dependent parents(please seen section 2 clause 11 of the 7 ESI Act 1948 for details)
- 3. Identity cards is Non-transferable.
- 4. Loss of identity card be reported to employer /Branch manger immediately
- 5. Submission of false informationsattracts penal action under section 84 of ESI .Act,1948
- 6. This form duly filled in must reach. the concerned Branch office within 10 days of appointment of an Employee .Dealy attracts penal action under section 85 of the ACT,against employer.
- 7. As an insured person you and your dependent family members are entitled to full medical care.the other benetifits in cash include (1) sickness benfit(2) temporary disablement benfit (3)permanent disablement benfit (4) dependents benefit and (5) maternity benfit(in case of women employees)subject to fulfilment of contribution conditions.
- 8. For more details please visit website of ESIC at www.esic.org.in or contact regional office or branch office.

FOR BRANCH OFFICE USE ONLY

- 1. Date Of Allotment Of Ins No:
- 2. Date Of Issue Of TIC:
- 3. Name / No. Of Disp:
- 4. Whether reciprocal Medical arrangement involved ? If yes, please indicate:

Signature of Branch Manger



EMPLOYEES' PROVIDENT FUND ORGANISATION
NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS

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

1. Name

DATLA RAVINDRA BHUPATHI V

Employee No : SHFS005899

2. Father's/Husband's Name
(In case of married woman)

:

DATLA SATYANARAYANA RAJU

3. Date of Birth

:

10/06/1998

4. Gender

:

Male

5. Marital Status

:

Married

6. Account No

:

7. Permanent Address

:

Andhra Pradesh Visakhapatnam

8. Current Address

:

Telangana Hyderabad

PART - A (EPF) Para 18

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 Employee's Provident Fund in the event of my death.

Name & Address 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 a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee		

1. *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.
2. *Certified that my father/mother is/are dependant upon me.

I hereby furnish below particulars of the members of my family who would be eligible to receive Widow / Widower / Children Pension in the event of my death :-

PART B (EPS) (Para 18)

Name of the family member	Address	Date of Birth	Relation with member

** 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.



Signature of thumb impression of the subscriber

I hereby nominate the following person for receiving the monthly Pension (admissible under para 16(2)(g)(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

Date :



Signature of thumb impression of the Subscriber

FOR OFFICE USE ONLY

Dt. of Joining E.P.F/20		ENTRIES VERIFIED
Past ServiceYear		
Date of Joining EPS/20		DA SS A.A.O.

CERTIFICATE BY EMPLOYER

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

For Seven Hills Facility Services Pvt Ltd

Authorized Signatory

Designation :

Date :

Seven Hills Facility Services Pvt Ltd

Seven Hills Facility Services Pvt Ltd

1St Floor, Plot No.33, HACP Colony, Nearby:SBI Vikrampuri branch, Secunderabad, Telangana-500009

Date :10/06/2025

Mr. / Mrs. DATLA RAVINDRA BHUPATHI V
Andhra Pradesh Visakhapatnam

Dear Sir / Madam :

Sub : APPOINTMENT

With Reference to your application for employment and the subsequent interviews/s you had with us, we are pleased to offer you an appointment as **CO ORDINATER** w.e.f **02/05/2025** in our organization on the following terms and conditions :-

- 1. You will be on probation for a period of six months from the date you report to duty.

Your probationary period may be extended for a further period of six months at the sole discretion of the Management, and the same will be communicated to you in writing. On satisfactory completion of your probationary period and / or any extended period thereafter, you may be confirmed in writing by the Management.

- 2. You will be paid a gross salary of Rs only (Rupees as per statutory post and grade) per month.
- 3. At the end of the period of probation and / or any extended period thereafter, if no written confirmation is received by you, you will be deemed to have been confirmed.
- 4. During the period of probation, your services will be liable to be terminated without any Notice or without assigning any reason or compensation.
- 5. You will also be eligible for PF, ESI Gratuity, Leave and other benefits as per rules and as applicable to all other employees in your cadre.
- 6. During the period of your employment, you shall agree to work in shifts. You shall accept to work at any security post within the same factory or to any other clients of the Company and the rules and regulations applicable to the new place of posting shall be applicable to you.
- 7. You will also be required to carry out jobs and responsibilities entrusted to you by your superiors irrespective of your nature of work to which you have been appointed.
- 8. During the period of service with the Company, you shall not carry on any business of your own either part time or otherwise.

9. You shall not, at any time, disclose to anyone any information, know-how knowledge, secret methods, plans, etc., of the Company.
10. You will be responsible for the work, machinery, tools and other items/materials entrusted to you from time to time.
11. This offer of appointment is purely based on the information furnished by you, and should there be any material information not being disclosed or if found at a later stage that the information furnished by you is false, you will be subject to strict disciplinary action including termination of employment without any notice or compensation.
12. In addition to the above conditions, you will be governed by the Certified Standing Orders of the company applicable to workers and to such other rules and regulations that may be framed from time to time.
13. You shall retire from the services of the Company on attaining the age of 58 years.

Please sign the duplicate of this letter in token of your acceptance of the same.

For Seven Hills Facility Services Pvt Ltd

Authorized Signatory

The above terms and conditions of employment has been read over and explained to me in Kannada / and I voluntarily and willingly accept all the above terms & conditions.

Place :



Signature of Employee

Date : 02/05/2025

Seven Hills Facility Services Pvt Ltd

Place:		MOVEMENT ORDER	Date: 10/06/2025
Service No., Name & Rank		SHFS005899 ORDINATER	DATLA RAVINDRA BHUPATHI V CO
E.S.I No	5222098394	P.F.No	
Date of Posting	02/05/2025	Area	
Reporting to		Zone	-
Height		Weight	Chest
Identification Mark			



Sig. of Individual

Sig. of Authorised Officer

"A Symbol of Quality Services"

ISO 9001:2008

DATLA RAVINDRA BHUPATHI V
P.No : SHFS005899
Rank : CO ORDINATER
Date of Issue :
Valid Upto :
ESI No : 5222098394

Signature of
Card Holder

Instructions :
1) ID Card to be worn by employee at all times while on duty.
2) Loss or Recovery of the Card shall be reported to HR / Admin Dept.
3) The Finder May Please return to:

Seven Hills Facility Services Pvt Ltd
1St Floor, Plot No.33, HACP Colony, Nearby:SBI Vikrampur
branch, Secunderabad, Telangana-500009

Fax :
Mail ID :
Emergency Contacts
Police : 100
Fire : 101
Traffic : 103
Ambulance : 102/108
Anti Terrorist Squad : 10193
Uniq Helpline : 9591990099
Control Room : 9591990100

Employee: SHFS005899



Telangana State Police
APPLICATION FOR POLICE VERIFICATION / CLEARANCE CERTIFICATE
(For Indian Only)

To
The Commissioner of Police
_____City

Sir,

Sub: - Application to issue Police Verification / Clearance Certificate
for the Purpose of.....

Sl.No	Name of the Verification Certificate	Amount in Rupees	Select appropriate Service Sought
(1)	(2)	(3)	(4)
(1.)	Police Verification Certificate (PVC/PCC) for Job Purpose to MNCs / Private Sector / Corporate & other companies ANTECEDENTS VERIFICATION ONLY(as per police station records)	450/-	
(2.)	Police Verification Certificate (PVC/PCC) for Job Purpose to MNCs / Private Sector / Corporate / &other companies ANTECEDENTS VERIFICATION along with ADDRESS VERIFICATION amount to be paid by the company.	1,500/-	
(3.)	Police Verification Certificate for job aspirants(General) ANTECEDENTS along with ADDRESS VERIFICATION	375/-	
(4.)	Police Verification Certificate for Domestic servants / House Keeping ANTECEDENTS VERIFICATION ONLY	375/-	
(5.)	Police Verification Certificate for Domestic servants / House Keeping ANTECEDENTS VERIFICATION along with ADDRESS VERIFICATION.	750/-	
(6.)	Police Verification Certificate of Institutions /Companies ANTECEDENTS VERIFICATION along with ADDRESS VERIFICATION.	1,500/-	
(7.)	Police Verification Certificate for Marriage Alliances ANTECEDENTS VERIFICATION	450/-	
(8.)	Police Verification Certificate for Training/Apprenticeship at Public sector undertakings or for Trainees / Workers working on daily wages at Government Institutions. ANTECEDENTS VERIFICATION.	75/-	
(9.)	Police Verification Certificate for NCC / NSS Students attending training camps ANTECEDENTS VERIFICATION.	75/-	
(10.)	Police Verification Certificate for Coolli / Loader / Class IV security staff / supervisor at Airport. (Individual applicants only) ANTECEDENTS VERIFICATION	150/-	
(11.)	Police Verification Certificate for Central / State Government Employees request directly by employee. ANTECEDENTS VERIFICATION.	375/-	
(12.)	Police Clearance Certificate (PCC) for going abroad (Visa for studies)	200/-	
(13.)	Verification and comparison of Finger Print-Fees for each Verification	500/- 500/-	
(14.)	Police clearance Certificate for Indian citizens/For accepting or Donating Kidney/Adoption of child/for purchase of property in other	200/-	

With regard to the above following are the personal details for whom the PVC / PCC is required.

1.	Name	DATLA RAVINDRA BHUPATHI V		
2.	Father/Husband name	DATLA SATYANARAYANA RAJU		
3.	Nationality	INDIAN		
4.	Date of Birth & Age	10/06/1998	Age	27 years
5.	Address needs to be verified with period of stay	#3/2/6, 1st Cross M C layout Vijayanagar Bangalore -560079		
6.	Period of stay	2 Years		
(Enclose additional sheet for more than one address)				
7.	Name of the Jurisdiction Police Station.	Vijayanagar		
8.	Contact telephone Number.	9133672933		
9.	Passport Number		Validity	
10.	Bangalore One Challan Trans.No.: (Original Challan has to be enclosed)			

The information furnished in this application is true to the best of my / our knowledge & belief. No information has been suppressed.

Thanking you

Yours faithfully



Signature of the Applicant /
the I / c of the Company / firm

Instructions.

- 1. Applicant should furnish one of the approved documents by the State Government for the purpose of address proof.(Passport, Pan card, Ration Card, Voter ID, BSNL Telephone Bill, Gas Bill, Water Bill, Electricity Bill, Driving License)
- 2. Enclose two additional passport size photos along with the application.
- 3. Furnish the proof of date of birth.
- 4. The PVC / PCC issued shall not be used for any other purpose other than the purpose specified in the application.

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: SHFS005899

Company: Seven Hills Facility Services Pvt Ltd

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 end /of EPS1995 is applicable)

1	Name of the member	Mr. DATLA RAVINDRA BHUPATHI V
2	Father's Name () Spouse's Name() (Please Tick Whichever Is Applicable)	MR. DATLA SATYANARAYANA RAJU
3	Date of Birth (DD/MM/YYYY)	10/06/1998
4	Gender: (male / Female /Transgender)	Male
5	Marital Status (married /Unmarried /widow/divorce)	Married
6	(a)Email ID: (b)Mobile No:	9133672933
7*	Whether earlier a member of Employees ‘provident Fund Scheme 1952	No
8*	Whether earlier a member of Employees ‘Pension Scheme ,1995	Yes No
9	If response to any or both of (7) & (8) above is yes. MANDATORY FILL UP THE (COLUMN 9)	
	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:	
	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	1420194000003869 & KVBL0001420
	b) AADHAR Number (12 Digit)	571691790704
	c) Permanent Account Number (PAN),If available	

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 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

DATE: 02/05/2025



PLACE: SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

- A.The member Mr./Ms./Mrs DATLA RAVINDRA BHUPATHI V .has joined on 02/05/2025 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:
- 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 (Form13) for transfer of funds from his previous establishment.

DATE: SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT