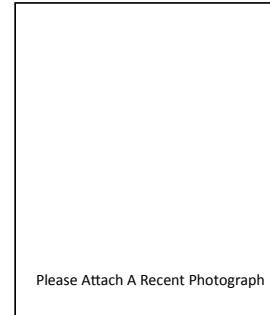


Details For ID Card



First Name : _____

Last Name : _____

Emergency Contact Number : _____

Name and Relation : _____

Blood Group : _____

Date of Birth (DD MM YYYY) : _____

Date of Joining (DD MM YYYY) : _____

Department : _____

Designation offered at eInfochips : _____

Candidate Information Form (CIF) – eInfochips

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 requested please.

PART A - PERSONAL DETAILS:

Full Name (First/Middle/Last): _____

Father's Name: _____

Date of birth (DD/MM/YYYY): _____ Nationality: _____

You're Phone Number (Land Line and/or Mobile): _____

Pan Card No: _____ Aadhar Card No: _____

Change of Name if Applicable

Former Name/Maiden Name: _____

Date of Name Change (DD MM YYYY): _____

Current Address (Complete details like Door Number, street, locality, etc.,)

Please Attach A Recent Photograph

☐ : (Landline) _____ Period of Stay: _____

Permanent Address (Complete information like Door Number, street, locality, etc.,)

☐ : (Landline) _____ Period of Stay: _____

Note: Please attach a legible photo copy of any one of following documents:

1. Driving License
2. PAN Card
3. Aadhar Card

Email id: _____

Place of Birth: _____ Sex: _____

Marital Status (Single / Married / Divorced / Widowed): _____ Blood Group: _____

Marriage Date (DD MM YYYY): _____ No. Of Children: _____

Do you have a driving license Yes ☐ No ☐ Passport No: _____

Do you have any valid visa? If yes, details along with validity: _____

Have you travelled abroad? If yes, location: _____

PAN Card No : _____

Have you previously applied to eInfochips? If yes, when: _____

Are any relatives working in eInfochips? If yes, details of the relative:

Has there been any criminal prosecution against you?: _____

DETAILS OF FAMILY

Name	Relation	Age	Occupation	Contact No:

PART B - EDUCATION DETAILS

Highest Education - 1			
Name of the Institute/School/College :			
Board/University :		Division/Class/% :	
Duration of Study :		Degree Obtained :	
Start Date (DD MM YYYY) :		End Date (DD MM YYYY) :	
		Course Type : Regular <input type="radio"/> Distance <input type="radio"/>	
Student ID/Enrolment/Registration/Roll No :		Majored in :	
Address of Institute/School/College	Building No & Street:		
	City:	State:	
	Pin:	Landline :	

Note: Please attach legible photo copies of the following documents relevant to the entries above.

- 1) Mark sheets 2) Degree Certificate 3) Provisional Degree Certificate

Highest Education - 2			
Name of the Institute/School/College :			
Board/University :		Division/Class/% :	
Duration of Study :		Degree Obtained :	
Start Date (DD MM YYYY) :		End Date (DD MM YYYY) :	
		Course Type : Regular <input type="radio"/> Distance <input type="radio"/>	
Student ID/Enrolment/Registration/Roll No :		Majored in :	
Address of Institute/School/College	Building No & Street:		
	City:	State:	
	Pin:	Landline :	

Note: Please attach legible photo copies of the following documents relevant to the entries above.

- 1) Mark sheets 2) Degree Certificate 3) Provisional Degree Certificate

PART C - PREVIOUS EMPLOYMENT DETAILS

Employment - 1			
Name of Company:			
Company Address (Where you were employed)	Building No & Street:		
	City:	State:	
	Pin:	Landline:	
Period of employment: Start Date (MM YYYY):		End Date (MM YYYY):	Employee ID:
Designation & Department:			Last Drawn Salary (CTC):
Type of Employment: Permanent <input type="radio"/> Contractual <input type="radio"/> Part time <input type="radio"/> Full Time <input type="radio"/>			
Supervisor's Name & Designation:			Supervisor's Direct Number & Mail Id: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Can the employer be contacted now? <input type="radio"/> Yes <input type="radio"/> No			
If not, then provide an alternate date:			
Reason for Leaving:			

Note: Please attach legible photo copies of the following documents relevant to the entries above.

1) Appointment Letter 2) Salary Slip 3) Relieving Letter 4) Experience Letter

Employment - 2			
Name of Company:			
Company Address (Where you were employed)	Building No & Street:		
	City:	State:	
	Pin:	Landline:	
Period of employment: Start Date (MM YYYY):		End Date (MM YYYY):	Employee ID:
Designation & Department:			Last Drawn Salary (CTC):
Type of Employment: Permanent <input type="radio"/> Contractual <input type="radio"/> Part time <input type="radio"/> Full Time <input type="radio"/>			
Supervisor's Name & Designation:			Supervisor's Direct Number & Mail Id: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Can the employer be contacted now? <input type="radio"/> Yes <input type="radio"/> No			
If not, then provide an alternate date:			
Reason for Leaving:			

Note: Please attach legible photo copies of the following documents relevant to the entries above.

1) Appointment Letter 2) Salary Slip 3) Relieving Letter 4) Experience Letter

Employment - 3		
Name of Company:		
Company Address (Where you were employed)	Building No & Street:	
	City:	State:
	Pin:	Landline:
Period of employment: Start Date (MM YYYY): End Date (MM YYYY):		Employee ID:
Designation & Department:		Last Drawn Salary (CTC):
Type of Employment: Permanent <input type="radio"/> Contractual <input type="radio"/> Part time <input type="radio"/> Full Time <input type="radio"/>		
Supervisor's Name & Designation:		Supervisor's Direct Number & Mail Id:
Can the employer be contacted now? <input type="radio"/> Yes <input type="radio"/> No		
If not, then provide an alternate date:		
Reason for Leaving:		

Note: Please attach legible photo copies of the following documents relevant to the entries above.
1) Appointment Letter 2) Salary Slip 3) Relieving Letter 4) Experience Letter

Employment - 4		
Name of Company:		
Company Address (Where you were employed)	Building No & Street:	
	City:	State:
	Pin:	Landline:
Period of employment: Start Date (MM YYYY): End Date (MM YYYY):		Employee ID:
Designation & Department:		Last Drawn Salary (CTC):
Type of Employment: Permanent <input type="radio"/> Contractual <input type="radio"/> Part time <input type="radio"/> Full Time <input type="radio"/>		
Supervisor's Name & Designation:		Supervisor's Direct Number & Mail Id:
Can the employer be contacted now? <input type="radio"/> Yes <input type="radio"/> No		
If not, then provide an alternate date:		
Reason for Leaving:		

Note: Please attach legible photo copies of the following documents relevant to the entries above.
1) Appointment Letter 2) Salary Slip 3) Relieving Letter 4) Experience Letter

Employment - 5		
Name of Company:		
Company Address (Where you were employed)	Building No & Street:	
	City:	State:
	Pin:	Landline:
Period of employment: Start Date (MM YYYY): End Date (MM YYYY):		Employee ID:
Designation & Department:		Last Drawn Salary (CTC):
Type of Employment: Permanent <input type="radio"/> Contractual <input type="radio"/> Part time <input type="radio"/> Full Time <input type="radio"/>		
Supervisor's Name & Designation:		Supervisor's Direct Number & Mail Id:
Can the employer be contacted now? <input type="radio"/> Yes <input type="radio"/> No		
If not, then provide an alternate date:		
Reason for Leaving:		

Note: Please attach legible photo copies of the following documents relevant to the entries above.
1) Appointment Letter 2) Salary Slip 3) Relieving Letter 4) Experience Letter

Employment - 6		
Name of Company:		
Company Address (Where you were employed)	Building No & Street:	
	City:	State:
	Pin:	Landline:
Period of employment: Start Date (MM YYYY): End Date (MM YYYY):		Employee ID:
Designation & Department:		Last Drawn Salary (CTC):
Type of Employment: Permanent <input type="radio"/> Contractual <input type="radio"/> Part time <input type="radio"/> Full Time <input type="radio"/>		
Supervisor's Name & Designation:		Supervisor's Direct Number & Mail Id:
Can the employer be contacted now? <input type="radio"/> Yes <input type="radio"/> No		
If not, then provide an alternate date:		
Reason for Leaving:		

Note: Please attach legible photo copies of the following documents relevant to the entries above.
1) Appointment Letter 2) Salary Slip 3) Relieving Letter 4) Experience Letter

Employment - 7		
Name of Company:		
Company Address (Where you were employed)	Building No & Street:	
	City:	State:
	Pin:	Landline:
Period of employment: Start Date (MM YYYY): End Date (MM YYYY):		Employee ID:
Designation & Department:		Last Drawn Salary (CTC):
Type of Employment: Permanent <input type="radio"/> Contractual <input type="radio"/> Part time <input type="radio"/> Full Time <input type="radio"/>		
Supervisor's Name & Designation:		Supervisor's Direct Number & Mail Id:
Can the employer be contacted now? <input type="radio"/> Yes <input type="radio"/> No		
If not, then provide an alternate date:		
Reason for Leaving:		

Note: Please attach legible photo copies of the following documents relevant to the entries above.
1) Appointment Letter 2) Salary Slip 3) Relieving Letter 4) Experience Letter

Employment - 8		
Name of Company:		
Company Address (Where you were employed)	Building No & Street:	
	City:	State:
	Pin:	Landline:
Period of employment: Start Date (MM YYYY): End Date (MM YYYY):		Employee ID:
Designation & Department:		Last Drawn Salary (CTC):
Type of Employment: Permanent <input type="radio"/> Contractual <input type="radio"/> Part time <input type="radio"/> Full Time <input type="radio"/>		
Supervisor's Name & Designation:		Supervisor's Direct Number & Mail Id:
Can the employer be contacted now? <input type="radio"/> Yes <input type="radio"/> No		
If not, then provide an alternate date:		
Reason for Leaving:		

Note: Please attach legible photo copies of the following documents relevant to the entries above.
1) Appointment Letter 2) Salary Slip 3) Relieving Letter 4) Experience Letter

PART D – REFERENCES

Names of 'Two people' who can be used as references to verify your credentials. (Please DO NOT include family members or friends. References should be college professors / teachers / supervisors / seniors at work, etc...)			
Details		Reference - 1	Reference - 2
Name			
Organization			
Designation			
How associated / Known to you			
Years of association			
Contact Details	Landline		
	Mobile		
	Address		

PART E - MISCELLANEOUS

Please tick the appropriate answers.

Have you ever been convicted for felony or any serious crime?

- ☐ Yes
☐ No

If the answer is 'Yes', please provide details on a separate sheet of paper.

Have you ever been "Laid off" or Terminated from employment?

- ☐ Yes
☐ No

If the answer is 'Yes' please provide details below:

Certification by Candidate

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

I further certify that I have furnished the answers in Part 'E' on my own accord, free of any duress.

I authorize 'eInfochips' or its agency to verify my credentials.

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

I will cooperate and facilitate the process of verification of my credentials.

Signature of the Candidate

Name:

Place:

Date (DD MM YYYY):



Form No. 11 (New) Declaration Form

(To be retained by the Employer for future reference)

Employees' Provident Fund Organization

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)

&

THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE.

(PLEASE GO THROUGH THE INSTRUCTIONS)

1) NAME	(TITLE)																												
	MR. MS. MRS.																												
	(PLEASE TICK)																												

2) DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y																			

3) FATHER'S/ HUSBAND'S NAME	MR.																												

4) RELATIONSHIP IN RESPECT OF (3) ABOVE	FATHER	HUSBAND																										
(PLEASE TICK)																												

5) GENDER	MALE	FEMALE	TRANSGENDER																									
(PLEASE TICK)																												

6) MOBILE NUMBER (IF ANY)														
------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7) EMAIL ID (IF ANY)														

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?		
(PLEASE TICK)	YES	NO

9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?		
(PLEASE TICK)	YES	NO

IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11&12):

A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

UAN

--	--	--	--	--	--	--	--	--	--	--	--

OR

PREVIOUS PF MEMBER ID

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER

11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER: _____
 (B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER: _____

B. OTHER DETAILS13) INTERNATIONAL WORKER
(PLEASE TICK)

YES	NO

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):

13(A) COUNTRY OF ORIGIN (Please Tick)

INDIA	OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)

13(B) PASSPORT NUMBER _____

13(C) PASSPORT VALID FROM

D	D	M	M	Y	Y	Y	Y

To

D	D	M	M	Y	Y	Y	Y

14) EDUCATIONAL QUALIFICATION
(PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/ PROFESSIONAL

15) MARITAL STATUS
(PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE

16) SPECIALLY ABLED
(PLEASE TICK)

YES	NO

IF YES, TICK THE CATEGORY		
LOCOMOTIVE	VISUAL	HEARING

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*			IFSC CODE*
NPR/AADHAAR			
PERMANENT ACCOUNT NUMBER (PAN)			
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
RATION CARD			
ESIC CARD			

* **Mandatory Field** (**NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY.** YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCs TO AVAIL BETTER SERVICES. **SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS** MUST BE ATTACHED WITH THIS FORM.

C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,**
- (I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.**
- (II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS 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 USING HIS DIGITAL SIGNATURE CERTIFICATE).**
- (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.**

DATE:
PLACE:

SIGNATURE OF MEMBER**DECLARATION BY PRESENT EMPLOYER**

- A. THE MEMBER Mr./Ms./Mrs. HAS JOINED ON AND HAS BEEN ALLOTTED PF MEMBER ID
- B. IN CASE THE 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 MEMBER ID 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**

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,
e-Infochips Ltd.
Block E, Ratna building,
3rd Eye Voice IT & ITES SEZ,
Village- Ognaz,
Ta : Dascroi, Dist-Ahmedabad, India.

I, Shri/Shrimati/Kumari _____
(Name in full here)

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 proviso 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.				
2.				
3.				
4.				

Statement

1. Name of employee in full _____
 2. Sex _____
 3. Religion _____
 4. Whether unmarried/married/widow/widower _____
 5. Department/Branch/Section where employed _____
 6. Post held with Employee Code, if any _____
 7. Date of appointment (DD MM YYYY) _____
 8. Permanent address: _____

Village _____ Thana _____ Sub-division _____
Post Office _____ District _____ State _____
-

Place: _____

Signature/Thumb-impression of the
Employee

Date (DD MM YYYY): _____

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: _____

Date: _____

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 (DD MM YYYY): _____

Signature of the Employee

To,
Manager - HR
eInfochips Ltd.
Block E, Ratna building,
3rd Eye Voice IT & ITES SEZ,
Village- Ognaz,
Ta : Dascroi, Dist-Ahmedabad,
Gujarat, India.

Subject:- Health Declaration

I hereby declare that I am not suffering from any communicable/infectious diseases, which can cause any harm to any person or affect my performance.

I further undertake that I will inform the organization if any such disease is discovered during routine health checkups that I will undergo on my own from time to time.

I further agree that I will volunteer to undergo medical checkups and tests that my organization may prescribe for me at any time.

(Signature of employee)

Name:

Designation:

Date (DD MM YYYY):

To be filled on the day of joining only

To,
Manager – HR
EInfochips Ltd.
Block E, Ratna building,
3rd Eye Voice IT & ITES SEZ,
Village- Ognaz,
Ta : Dascroi, Dist-Ahmedabad,
Gujarat, India

Sub. – Undertaking for pending documents

Dear Sir/Madam,

I _____ joining eInfochips as
_____ on _____ at
_____ Office.

At the time of joining I have not submitted following mentioned required documents. I commit to submit the documents within _____ days. In case I fail to do so, I authorize eInfochips to take necessary action against me.

Thanks and regards,

Name:

Signature: _____ Date: _____

List of pending documents –

Sr. No.	Details of document