



# Bambinos Learning Solutions Private Limited

**Date:** 9th October 2025

**Subject:** Offer of Employment – Business Development Associate

Dear Muskan Fathima,

Congratulations! We are delighted to welcome you to Bambinos Learning Solutions Private Limited.

To confirm your acceptance, please sign and return a copy of this letter along with the attached annexure to your manager. Kindly retain a copy for your records. We also request that you maintain confidentiality regarding this offer.

**Employment Start Date:** 1st June 2026

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## Key Employment Terms

### 1. Working Hours & Attendance

- Job Requirement: 9 hours per day, 6 days a week.
- Regular attendance is essential to maintaining a smooth workflow and achieving shared goals.
- If you work from home, you must be available throughout your shift timings on the company's Zoom/Google Meet, and your manager may ask you to keep your camera on.

### 2. Probation Period

- Your initial 1 month will be a **probation period** during which your training and performance will be closely monitored.



- Confirmation of your employment will be based on your performance and adherence to the company's standards, and a minimum target is to be achieved during the probation period as defined by your team lead.
- In case of performance, attendance, discipline, or conduct challenges, the company may review your continuation and end the contract without any notice.
- If you decide to leave or are asked to leave because of non-performance, discipline, or conduct issues during the first 12 months, no salary will be processed.

### 3. Salary & Payroll

- After completing your one-month probation, you will be designated as a permanent employee. Your salary for the probation period will be processed by the 35th day from the date of joining. Throughout your employment, Bambinos will retain a 15-day salary as a hold, which will be settled during your full and final settlement. And if an employee leaves or is asked to leave within 12 months of joining, the 15-day salary will not be paid
- Once your employment is confirmed, your regular salary will be disbursed in line with other employees by the 5th of each month.

### 4. Leave Policy

- We encourage a structured approach to leave planning to ensure smooth operations.
- During your first month, no leave will be permitted.
- For detailed leave guidelines, please refer to our. [Leave Policy Document](#)



## 5. Conflict of Interest

- You must dedicate your full working hours exclusively to the company's business.
- Engaging in any other paid work without prior written approval is strictly prohibited.

## 5. Professional Behavior & Code of Conduct

- Maintaining a professional and respectful work environment is essential. Employees are expected to uphold integrity, discipline, and ethical behavior at all times.
- Any form of misconduct, workplace harassment, inappropriate behavior, or violation of company policies will be taken seriously.
- Failure to adhere to professional standards may result in disciplinary action, including termination of employment.

## 6. Resignation & Termination Policy

- **Resignation:** Employees are required to give one month's written notice before resigning. Leave requests will not be approved during the notice period. Any leave taken during this time will be added to the notice period, extending it by the number of days of leave.
- **Termination:** The company reserves the right to terminate employment with or without one week's notice, with or without pay.
- Absence without notice for 3 consecutive working days will be treated as voluntary resignation.
- The full and final settlement will be processed within 4 weeks from your last working day.

## 7. Notice Period

- Management may request you to serve the full notice period or may choose to relieve you from duties immediately based on business requirements.



# Bambinos Learning Solutions Private Limited

## 8. Return of Company Property & Confidential Information

- Upon separation from the company, all company-owned materials and confidential information must be returned.
- We appreciate your cooperation in upholding the integrity and security of company resources.

## Compensation Details

Description	Monthly	Annually
Basic Salary	15000	180000
House Rent Allowance (HRA)	4500	54000
Transport Allowance (Conveyance)	1600	19200
Medical Reimbursement	1250	15000
Telephone Allowance (Mobile & Broadband)	1000	12000
Employer Contribution to PF	1800	21600
Employee Contribution to PF	1800	21600
Special Allowance	6383	76596
Monthly Salary	33333	400000
Performance Incentive/Bonus*	10000	120000
CTC	43333	520000
*Performance Incentive/ Bonus (First 6 months) - 60000		
*Performance Incentive/ Bonus (Last 6 months) - 60000		

- The monthly salary is ₹33,333/-
- Performance incentives are paid every six months during the first year.
- This fixed salary includes all statutory deductions, including employer and employee contributions to provident funds and applicable taxes.



# Bambinos Learning Solutions Private Limited

## Company Policies & Guidelines

For further details, please refer to the following policies:

- Workplace Behaviour Policy: [Click here](#)
- Data Protection Policy: [Click here](#)
- Moonlighting Policy: <https://shorturl.at/iNDBz>

We are excited to welcome you to the Bambinos Learning Solutions Private Limited family! We look forward to a long and rewarding association with you.

Please note: This offer is contingent upon the successful verification of your employment history. If we are unable to verify this information, the offer may be rescinded.

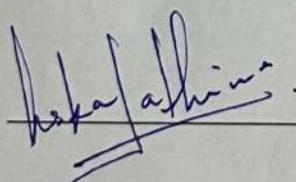
Should you have any questions, please feel free to reach out.

Sincerely,  
Sabreena J  
Head of Human Resources  
Bambinos Learning Solutions Private Limited  
Bengaluru

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## Employee's Acceptance & Signature

Signature:



Date:

10 - 10 - 2025



# Bambinos Learning Solutions Private Limited

## Zero Tolerance Policy: Employee Code of Conduct

Dear Team,

This letter serves as a formal and final reminder of our company's Zero Tolerance Policy regarding several critical employment standards. Your full compliance is mandatory and non-negotiable.

### **1. Strict Prohibition on Moonlighting**

Moonlighting is defined as engaging in any form of employment, consultancy, freelancing, or business activity for any other organization, firm, or NGO—whether paid or unpaid—while you are a full-time employee with us. This is a severe breach of your employment contract, confidentiality obligations, and the law.

- If you are unsure whether an activity falls into this category, you must contact HR immediately for clarification and written approval.
- We also require a full and immediate disclosure from anyone who has engaged in such activities in the past. If you voluntarily disclose a past engagement now, no action will be taken against you.

### **2. Confidentiality and Misuse of Company Information**

You are strictly prohibited from selling or sharing any company information for money, personal gain, or favors. This includes, but is not limited to, customer details, proprietary code, internal documents, and screenshots. This policy is in effect during your employment and after your departure.



# Bambinos Learning Solutions Private Limited

### 3. Consequences for Violations

Violations of this policy will be treated as gross misconduct and will result in:

- Immediate termination without notice.
- Financial recovery for damages caused, including legal expenses up to ₹1 crore.
- Forfeiture of all pending dues, benefits, and ESOPs.
- Civil and criminal proceedings for breach of contract, conflict of interest, and misappropriation of resources.
- Public disclosure of your misconduct on platforms like LinkedIn.
- Negative background verification with future employers, which will impact your career.

### 4. Reporting Violations

You have a duty to report any suspected or known violations of this policy to HR or a member of senior management. The company will ensure a confidential and non-retaliatory process for all reports made in good faith. Failure to report a known violation may result in disciplinary action.

### 5. Acknowledgment of Policy

All employees are required to read, understand, and formally acknowledge this policy. By signing this document, you confirm that you have been informed of and agree to abide by all the terms and conditions outlined in this document. This signed acknowledgment will be kept in your employee file. We have robust monitoring systems in place to detect and act on all violations without exception. We expect every employee to dedicate their full professional commitment to their role at Bambinos.live.

Regards,

Ashish Gupta & Gaurav Brar  
Founders, Bambinos.live

Employee Name **MUSKAN FATHIMA**

Date and Signature. 10 - 10 - 2025  




## 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)

M	U	S	K	A	N	F	A	T	H	I	M	A

2) DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
1	0	0	2	2	0	0	5

3) FATHER's/  
HUSBAND'S NAME

MR.

J	A	V	E	E	D	A	H	M	E	D	K	H	A	N

4) RELATIONSHIP IN RESPECT OF (3) ABOVE

(PLEASE TICK)

FATHER	HUSBAND
<input checked="" type="checkbox"/>	

5) GENDER

(PLEASE TICK)

MALE	FEMALE	TRANSGENDER
	<input checked="" type="checkbox"/>	

6) MOBILE NUMBER  
(IF ANY)

7	9	7	5	9	6	1	6	8	7
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7) EMAIL ID (IF ANY)

m	u	s	k	a	n	f	a	t	h	i	m	a	o
2	1	@	g	m	a	i	l	.	c	o	m		

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**

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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 DETAILS**13) 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*	Muskan Fathima	9348561648	IFSC CODE KKBR0008070
	NPR/AADHAAR	Muskan Fathima	3725 0409 9786	
	PERMANENT ACCOUNT NUMBER (PAN)	Muskan Fathima	AJMPF4723A	
	PASSPORT			EXPIRY DATE
	DRIVING LICENCE			EXPIRY DATE
	ELECTION CARD	Muskan Fathima	SDH6443097	
	RATION CARD			
	ESIC CARD			

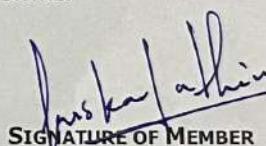
\* Mandatory Field (Note: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCs TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.)

### 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: 10-10-25

PLACE: RT-Nagar



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-2 (REVISED)

### NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme

(Paragraphs 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension scheme, 1995)

1 Name (in Block letters):	<u>MUSKAN FATHIMA</u>	5 Sex:	<u>Female</u>
2 Father's/Husband's Name:	<u>JAVEED AHMED KHAN</u>	6 Marital Status:	<u>UnMarried</u>
3 Date of Birth :	<u>10 - 02 - 2005</u>	7 Account No.:	<u>9348561648</u>
4 Permanent Address:	<u>A3, 3rd floor, Royal Residency, 2nd A Cross, Sultan Palya, Bangalore - 560032</u>		
Temporary:	<u>A3, 3rd floor, Royal Residency, 2nd A Cross, Sultan Palya, Bangalore - 560032</u>		

#### PART-A (EPF)

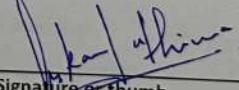
I hereby nominate the person(s) /cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employees' Provident Fund in the event of my death :

Name of Nominee/Nominees	Address	Nominees relationship with the member	Date of Birth	Total Amount of Shares of Accumulation is PF to be paid to each Nominee	If the Nominee is minor name & relationship & address of the guardian who may receive the Amt. during the minority of nominee
<u>JAVEED AHMED KHAN</u>	<u>A3, 3rd floor, Royal Residency, 2nd A Cross, Sultan palya, Bangalore - 560032</u>	<u>Father</u>	<u>29-03-1970</u>	<u>100 %.</u>	<u>—</u>

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 dependent upon me.

\*Strike out whichever is not applicable.

  
Signature or thumb  
impression of the subscriber

**PART-B (FPP)**

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.

Sl. No.	Name of family member	Address	Date of Birth	Relationship with member
1	Javeed Ahmed Khan	A3, 3 <sup>rd</sup> floor Royal Residency 2nd A Cross, Sultan	29-3-1970	FATHER
2	-	Palya, Bangalore - 32	-	-
3	-		-	-

\*\* 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.

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 Birth	Relationship with the member
Javeed Ahmed Khan	29- 3-1970	Father

Date : 10 - 10 - 2025

\*\*Strike out whichever is not applicable.

\_\_\_\_\_  
Signature or thumb impression of the subscriber

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 me and got confirmed by him/her.

Place:

Date:

\_\_\_\_\_  
Signature of the employer or other  
Authorized Officers of the Estt.

Designation

Name & Address of the Factory/Estt.  
or Rubber Stamp Thereon