



# MAXWELL LOGISTICS PRIVATE LIMITED

(An ISO 9001 : 2008 Certify Company)

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## PERSONAL - DATA FORM

NAME : (In Block Letters) <b>R. RAMESH KUMAR</b>		 PI	
PRESENT ADDRESS <b>1/153, Perumal Koil St, Vilangadupakkam Post, Dharkai, Ch-52.</b>			
Phone No. Off:	Resi:	Cell: <b>7358664596</b>	
RESIDING SINCE :	ACCOMMODATION : OWN <input type="checkbox"/> RENTAL <input type="checkbox"/>		
DATE OF BIRTH : <b>11-04-1990</b>	AGE: <b>33</b>	NATIVE PLACE : <b>Dhargas</b>	
RELIGION : <b>Hindu</b>	MOTHER TONGUE : <b>Tamil</b>	SCHOOL:	
CASTE : FORWARD <input type="checkbox"/> BACKWARD <input type="checkbox"/>	MEDIUM OF EDUCATION IN		
FAMILY	NAME	AGE	OCCUPATION
Father Mother	<b>D. Ravi Kumar R. Dhanalakshmi</b>	<b>60 49</b>	<b>Mechanic House wife</b>
Brothers/ Sisters			
Husband/ Wife			
Children			

### ACADEMIC RECORD (Begin with High School)

Examination Passed	Year of Passing	Name & Location of Institution	Subjects	University	% of Marks
General	SSLC	2007	Govt ADHI Boys School		72%
	HSC	2009	Govt ADHI Boys School		54%
Professional	BE	2009 - 2013	Apollo Engg. College		Discontinued

### TRAINING IN COMPUTERS AND OTHER SHORT TERM COURSES ATTENDED :

Name of the Institution	From	To	Name of the Course

### WHAT ARE YOUR PLANS FOR FUTURE STUDY, IF ANY ?

LANGUAGES KNOWN : INDICATE AS GOOD, FAIR, OR NIL

LANGUAGES	ENGLISH	HINDI	TAMIL			
Speak	✓	✓	✓			
Read	✓		✓			
Write	✓		✓			

**P R E V I O U S E M P L O Y M E N T**

Consider your promotions as a different job and also include period of unemployment

Period From-To	Name & Address of the Organisation	Designation at the time of Joining	Designation at the time of Leaving	Reported to (Desgn.)	Salary per month	Other Benefits/Perks	Reasons for change
2009	Prince Info Park Airtel Dynates						
2010	General Cartoons						
2012-15	Galaxy Engineering						
2015 - 2022	Jaipur Clocker Transport Co. p Ltd						

**P R E S E N T E M P L O Y M E N T**

Name & Address of the Employer		Date of Joining :		
		No. of subordinates (If Any)		
		Manager	Supervisors	Others
		Reporting to		
Designation at the time of joining		Name		
Present Designation		Designation		
SALARY DETAILS	Amount	<b>PRESENT ORGANISATION CHART WITH JOB RESPONSIBILITIES &amp; ACCOUNTABILITY</b> ( Draw a brief sketch indicating your position in relation to your department & overall organisation)		
BASIC				
HRA				
OTHERS, IF ANY (Specify)				
PERKS (PF & OTHERS) IF ANY.				
TOTAL				
DO YOU HAVE A TWO WHEELER DRIVING LICENSE (YES / NO) LICENSE NO (IF YES) :		STATE YOUR EXTRA CURRICULAR ACTIVITIES IN SCHOOL / COLLEGE AND HOBBIES / SPECIAL INTERESTS.		
DO YOU OWN A TWO WHEELER (YES / NO)				
INTRODUCER'S NAME : STATION :				
NAME OF YOUR RELATIVES IN OUR ORGANISATION ALONG WITH THEIR RELATIONSHIP WITH YOU :				
NAME	RELATIONSHIP	PLACE OF WORK		

**R E F E R E N C E S**

(Give Names of Two persons, other than relatives, known to you for the last three years.)

Name	Occupation	Address	Nature of your Association

I declare that the particulars furnished by me to each of the foregoing are true and in case it is proved otherwise I shall be liable for dismissal.

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Enclosures : a) Attested / Xerox copies of your testimonials (Education & Service)

FOR OFFICE USE ONLY :



घोषणा एवं नामांकन फार्म  
NOMINATION AND DECLARATION FORM

छट प्राप्त/आछट प्राप्त स्थापनाओं के लिए

FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

कर्मचारी भविष्य निधि एवं कर्मचारी पेशन स्कीम के अन्तर्गत घोषणा एवं नामांकन फार्म

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

(कर्मचारी भविष्य निधि स्कीम 1952 के पैरा 33 और 61(1) एवं कर्मचारी पेशन स्कीम 1995 का पैरा 18)

(Paragraph 33 & 81 (1) of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995)

१ नाम (स्पष्ट शब्दों में)

Name (in Block Letters)

R. RAMESH KUMAR

२ पिता/पति का नाम

Name of the Parent/Spouse

D. Ravi Kumar

३ जन्म तिथि

Date of Birth : 11-04-1990

७ पता/Address

स्थायी  
Permanent

1/153, Perumal Koil St,  
Vilangodu Pakkam post,  
Dharcoor, Chennai - 52

४ लिंग

Sex : Male

अस्थायी  
Temporary

1/153, Perumal Koil St,  
Vilangodu pakkam post  
Dharcoor, Chennai - 52.

५ वैवाहिक स्थिति

Marital Status : Single

६ परिष्य निधि खाता सं. आ०.प्र. /

P. F. Account No. : A.P/

८. Date of Joining  
the Fund :

भाग-क (कर्मचारी भविष्य निधि) / PART-A (EPF)

एतद्वारा मैं व्यक्ति(यों) को नामित/एक कर्ता हूँ और अपनी मृत्यु हो जाने की दशा में नीचे उल्लिखित व्यक्ति(यों) को अपने खाते में जाया कर्मचारी भविष्य निधि पर्याप्त प्राप्त कराने के लिए नामित करता हूँ।

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.

नामित / नामितों का नाम और पता Name & Address of the Nominee / Nominees	सदस्य के साथ नामित का संबंध Nominees' relationship with the Member	जन्म तिथि Date of Birth	कुल राशि अथवा भविष्य निधि राशि से प्रत्येक नामित को अदा किया जानेवाला भाग। Total amount or share of accumula- tions In Provident Fund to be paid to each nominee.	यदि नामित नातालिंग हैं साम और संबंध एवं उसके अधिभावक का पता जो नामित को छोटी आयु के दौरान पेसा प्राप्त करेगा। If the Nominee is a minor, name, relationship & Address of the guardian who may receive the Amount during the minority of nominee.
1	2	3	4	5
<u>R. Dhara Lakshmi</u>	<u>Mother</u>	<u>02-03-1975</u>		

१ \* प्राप्तिकर्ता है कि कर्मचारी भविष्य निधि स्कीम 1952 में परिभासित २(८) के अनुसार मेरा कोई परिवार नहीं है और इसके परिवार यदि मेरा कोई परिवार होता है तो उपरोक्त नामांकन इस सम्बन्ध में।

\* 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 declared as cancelled.

२ \* प्राप्तिकर्ता है कि मेरे पिता/माता पुत्रा पर आधित है।

\* Certified that my father/mother is/are dependent upon me.

\* जो लागू नहीं हैं उसे काट दें।

\* Strike out whichever is not applicable.

R.R. M+, ®

अभिदाता के हस्ताक्षर अथवा  
अंगूठे का निशान

Signature or Thumb Impression  
of the Subscriber

खण्ड-ख (इ.पी.एस.) (पैरा 18) / PART-B (EPS) (Para 18)

एतद्वारा मैं अपने परिवार के सदस्यों का विवर प्रेषित कर रहा हूँ जो मेरी मृत्यु होने की दशा में विधवा/बालक पैशान प्राप्त करने के पात्र होंगे।

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.

क्र.सं. S.No.	परिवार के सदस्यों का नाम Name of the family members	पता: Address	जन्म तिथि Date of Birth	सदस्य के साथ संबंध Relationship with Member
1.	D. Ravikumar	1/153, Perungal Koil St, Vilengadupalayam Post, Chennai - 600 052.	8-9-1964	Father
2.	R. Dhana Lakshmi		2-3-1975	Mother

\*\* प्रमाणित किया जाता है कि कर्मचारी पैशान स्वीकृति 1995 में परिभावित पैरा 2(7) के अनुसार मेरा कोई परिवर्ग नहीं है और एवं इसके पश्चात मेरा कोई परिवार होता है तो मैं उपरोक्त कार्य में उनका व्यौरा प्रेषित करूँगा।

\*\* Certified that I have no family, as defined in para 2(vii) of the Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

मैं एतद्वारा अपनी मृत्यु होने की दशा में पैरा 16(2)(क)(1) और (1) के अधीन देय मासिक पैशान देने के लिए नामित करता हूँ जबकि इनके अतिरिक्त पैशान प्राप्त करने वाला परिवार का कोई सदस्य नहीं है।

I hereby nominate the following person for receiving the monthly pension (admissible under para 16(2)(i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

नामित का नाम और पता Name & Address of the nominee	जन्म तिथि Date of Birth	सदस्य के साथ संबंध Relationship with the member
R. Dhana Lakshmi 1/153, Perungal Koil St, Vilengadupalayam Post Dharmapuri, Chennai - 52	2-3-1975	Mother

दिनांक:  
Date :

R. Ravikumar, ⑧

\*\* जो लागू नहीं उसे काट दें।

\* Strike out which is not applicable.

अभिदाता के हस्ताक्षर अथवा अंगूठे का निशान  
Signature or thumb impression of the subscriber:

नियोक्ता द्वारा प्रमाण पत्र / CERTIFICATE BY EMPLOYER

प्रमाणित किया जाता है कि उपरोक्त घोषणा अथवा नामांकन को श्री/श्रीमती/कुमारी

ने जो मेरी स्थापना में कार्यालय है ये समक्ष हस्ताक्षर/अंगूठे का निशान लगाया है। उसने प्रविष्टियों को पढ़ा है। प्रविष्टियाँ उसके समक्ष ने द्वारा पढ़ी गई और उसने उनकी पुष्टि की है।

Certified that the above declaration and nomination has been signed / thumb impressed before me by  
Shri/Smt./Kum. \_\_\_\_\_ employed in my establishment  
after ne/she has read the entries/entries have been read over to him/her by me and got confirmed by him/her.

स्थान :  
Place :

स्थापना के नियोक्ता अथवा अन्य प्राप्तिकृत अधिकारीयों द्वारा हस्ताक्षर

Signature of the employer or other  
authorised Officers of the establishment!

दिनांक:  
Date :

पदनाम :

Designation :

स्थापना फैब्रिटी का नाम और पता अथवा उनकी एड की मोहर

Name & Address of the Factory/Establishment  
or Rubber Stamp thereof.

ESI DETAILS				
	Name	Gender	D.O.B	Aadhar No
1 Name Of the Employee	R.Ramesh Kumar	M	11-4-1990	7927 4881 2716
Father Name	D.Ravi Kumar	M	8-9-1964	6155 5047 9325
Mother Name	R.Dhanalakshmi	F	2-3-1975	2927 6846 5680
Spouse Name				
Child 1 Name				
Child 2 Nmae				
Phone Number	7358664596			
Present & Permanent Address	1/153, Perunval kodi St, Vilangodupakkam post, Dharkas, chennai - 600 052.			

ESI DETAILS				
	Name	Gender	D.O.B	Aadhar No
1 Name Of the Employee				
Father Name				
Mother Name				
Spouse Name				
Child 1 Name				
Child 2 Nmae				
Phone Number				
Present & Permanent Address				



**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)	R RAMESHKUMAR													
<input checked="" type="checkbox"/> MR.	<input type="checkbox"/> MS.	<input type="checkbox"/> MRS.	(PLEASE TICK)											
2) DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	Y					
	1	1	0	4	1	9	9	0						
3) FATHER'S/ <input checked="" type="checkbox"/> HUSBAND'S NAME	MR.	D. RAVIKUMAR												
4) RELATIONSHIP IN RESPECT OF (3) ABOVE (PLEASE TICK)	<input checked="" type="checkbox"/> FATHER		HUSBAND											
5) GENDER (PLEASE TICK)	MALE	<input checked="" type="checkbox"/>		FEMALE			TRANSGENDER							
6) MOBILE NUMBER (IF ANY)	7	3	5	8	6	6	4	5	9	6				
7) EMAIL ID (IF ANY)	L	o	g	i	n	r	a	m	e	s	h	2	0	2
	0	@	g	m	a	i	l	.	c	o	m			
8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?	(PLEASE TICK) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?	(PLEASE TICK) <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 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)**

**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	Y

To

D	D	M	M	Y	Y	Y	Y	Y

**14) EDUCATIONAL  
QUALIFICATION  
(PLEASE TICK)**

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/ PROFESSIONAL
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

**15) MARITAL STATUS  
(PLEASE TICK)**

MARRIED	<u>UNMARRIED</u>	WIDOW/ WIDOWER	DIVORCEE
	✓		

16) SPECIALLY ABLED  
(PLEASE TICK)

YES	No
	<input checked="" type="checkbox"/>

**IF YES, TICK THE CATEGORY**

17) KYC DETAILS	KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
	BANK ACCOUNT-1*	Ramesh Kumar	05260100014650	
	NPR/AADHAAR	Ramesh Kumar	7927 4881 2716	
	PERMANENT ACCOUNT NUMBER (PAN)	Ramesh Kumar	DTOPR2775 D	
	PASSPORT			
	DRIVING LICENCE			
	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 .....  
 • (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 NOT 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





**याद रखें / Remember:**

- अपने खाते में नवीनतम क्रेडिटरों, नामांकन, मोबाइल नंबर एवं ई-मेल आईडी अद्यतन होने चाहिए।  
Your account should be updated with your latest KYC, Nomination, Mobile number & Email ID
- अपनी पासबुक की साक्षाती मुद्रा रखें, अपनी पासबुक पर हस्ताक्षर न करें। पासबुक को नियमित रूप से अद्यतन करें, जिससे भी प्राप्त की गयी ताकत दी जाती रहें।  
Preserve your passbook carefully. Do not put your signature on passbook. Get passbook updated regularly. Any discrepancy should be notified immediately.
- कुपया अपनी व्याकुल जनकारी, प्रयोगकारी आईडी, पिन, गारुण्य, नीरीयी संख्या क्रिसी के न. छाता, कॉल या ई-मेल के बाबजूद एक अपनी पासबुक लिया जाना चाहिए।  
Please do not give your personal information, user IDs, Pins, Password, CVV number to anyone. Any calls or emails requesting for such information should be notified to the branch.
- खाते के लिए पहली पासबुक लियुक्त होना, मुक्त हो। पुनर्जन विल जाने पर दुप्लीकेट पासबुक उपलब्ध करवायी जाएगी।  
First passbook in account is free. Duplicate passbook may be provided on payment of fee.
- प्रत्येक अट्टू एक में 50 डेबेट (स्थानीय अनुदण्ड, बैंकांतर विलिंग चैनल, तेज़ प्रभारी से गतिशील इविंग्स को छोड़कर) को अनुदान होता है। 50 प्रतिशत में अधिक तेज़ दून दून पर प्रभार लाया जाता।  
50 debits (excluding Standing instruction, Alternate Delivery Channels, related to service charges) per half year is permitted. Transaction exceeding above 50 will be charged.
- खाते की राशि दैनिक आधार पर की जाएगी और तिथिहारी की राशि के 15 दिनों के भीतर खाते में जब किया जाएगा।  
Interest is calculated on daily basis and credited to accounts within 15 days of end of quarter.

Branch Name	:	EC STREET, CHENNAI	Phone :	44-23454259,23454261
Branch Address	:	P B NO 2004		
	:	NO 144 MOORE STREET CHENNAI TAMIL NADU INDIA		
Branch Email ID	:	ecstre@bankofbaroda.com		
MICR Code	:	600012006	IFSC :	BARBOECSTRE [Fifth character is zero]
Customer ID	:	B8AVL2072	POD NO :	NA
Account Number	:	05260100014650	A/c Opening Date :	05-02-2020
Account Name	:	RAMESHKUMAR RAVIKUMAR		
Address	:	JAIPUR GOLDEN TRANSPORT CO PUT LTD		
	:	NO.162 THAMBU CHETTY STREET CHENNAI		
	:	CHENNAI TN 600001		
Nominee Name	:	RAVIKUMAR		

