

PRE JOINING FORM



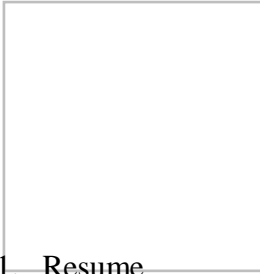
Lantern Globe

12/A, Etobicoke, Ontario, Canada -
M8V.

Ph. 040 -66632452

www.lantern globe.com

Upload your Photo



NAME:



Employee ID Number : _____

NEW JOINEE DOCUMENTS CHECK LIST

1. Resume	<input checked="" type="checkbox"/>
2. Written Test Form / Tool Test (if applicable)	<input checked="" type="checkbox"/>
3. Interview assessment form	<input checked="" type="checkbox"/>
4. Accepted & Singed copy of Offer letter	<input checked="" type="checkbox"/>
5. Joining report	<input checked="" type="checkbox"/>
6. Pre-Joining Form	<input checked="" type="checkbox"/>
7. Xerox copy of SSC, Intermediate, Graduation & PG	<input checked="" type="checkbox"/>
8. Previous Company Relieving letter/s	<input type="checkbox"/>
9. Previous Company Experience Letter/s	<input type="checkbox"/>
10. Last 3 months Pay slips (from previous Employment)	<input type="checkbox"/>
11. Last 3 months bank statement	<input type="checkbox"/>
12. Photographs (4)	<input checked="" type="checkbox"/>
13. Intellectual Property Rights Agreement	<input checked="" type="checkbox"/>
14. PF Form (Form II)	<input checked="" type="checkbox"/>
15. Background Verification Form	<input type="checkbox"/>
16. Copy of Pan Card	<input checked="" type="checkbox"/>
17. Copy of Aadhaar Card	<input checked="" type="checkbox"/>
18. Copy of Driving License / Voter ID	<input type="checkbox"/>
19. Copy of Passport (if available)	<input type="checkbox"/>
20. Service Agreement (if applicable)	<input type="checkbox"/>
21. Appointment Letter	<input checked="" type="checkbox"/>
22. Confirmation Letter	<input checked="" type="checkbox"/>
23. Other letters	<input checked="" type="checkbox"/>

Prepared by

Reviewed by

Approved by

JOINING REPORT

To,

Date:

Lantern Globe.

12/A, Etobicoke, Ontario, Canada

M8V, Canada.

Subject: Joining Report

With reference to the offer letter datedissued to me, I am pleased to inform you that I am reporting for duty from Dt: Please induct me on the job.

Full name in capital letters.....

Designation:

Division:

Department:

EMP ID:

Yours Faithfully

(Signature)

DECLARATION AND AUTHORIZATION

I understand that my employment with Lantern Globe is conditioned upon positive responses from my references, bonding eligibility, continued adherence to Lantern Globe policies and procedures applicable rules & regulations and satisfactory job performance at all times at Lantern Globe.

I consent to take any pre or post employment verification as may be required by Lantern Globe or its representative and release Lantern Globe from any liability that may arise from such verification.

I Authorize to initiate inquiry to be made on the information contained on my employment application form pertaining to my former employers and academic details provided in employment application form.

I hereby attest and warrant that all my contents in the application as well as forms completed in conjunction with my employment are true and accurate attest and declare that I have lawfully severed my employment relationship with my former employers and I have settled all their dues without limitation to submission of their tangible and intangible assets and intellectual property rights.

I understand that my misrepresentation of facts, failure to disclose information required in the employment application or material change in my information provided which is not reported to Human Resources shall be cause for dismissal regardless of when discovered by Lantern Globe. Further i shall indemnify Lantern Globe against any claims, loss and or damages attributable to me.

Name in Capital Letters _____

Full signature

Date: -----

Personal Details

First Name		Middle Name		Last Name		
Mr/Ms.						
Date of Birth (DD/MM/YY)		Place of Birth		Gender	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	
				Blood Group:		
Current Address:						
City:		State:		Pin Code:		Mobile
						(Self)
						Mobile
						(Father)
Permanent Address:						
City:		State:		Pin Code:		Mobile
						(Mother)
						Sister or Brother
						(Sister)
Personal Email ID:					PAN No:	
Passport Details: Passport No: _____ Issued Date: ____/____/____ Visa Status: _____ _____						
Passport Issued at: _____ Valid Up to: ____/____/____						
Driving License Details: License No: _____ Issued Date: ____/____/____ Issued at: _____ Valid Up to: ____/____/____ Category: _____						
Emergency Contact Details: Name: _____ Mobile: _____ Relation: <u>Father</u> Mobile: _____						

FAMILY DETAILS:

Father's Name:		
Age:	DOB:	Occupation:
Mother's Name:		
Age:	DOB:	Occupation:
Your Marital Status:		Your Wedding Date:
(If Married -Wife or Husband) Spouse Name:		
Age:	DOB:	Occupation:
Number of Children (if any)		
Name:		
Age:	DOB:	Occupation:
Name:		
Age:	DOB:	Occupation:
Siblings^(Brothers and Sisters) & other family members if any		
Name:		
Age:	DOB:	Occupation:
Name:		
Age:	DOB:	Occupation:
Name:		
Age:	DOB:	Occupation:
Name:		
Age:	DOB:	Occupation:
Name:		
Age:	DOB:	Occupation:

ACADEMIC QUALIFICATIONS:

Note: Please mention Period in “*FROM – TO*” format *(i.e. From ____ Year –To ____ Year)

Period		College	Degree	Specialization	University	GPA/ % of Marks
From	To					

Academic Achievements:

a. Prizes / Scholarships / Awards won:

b. What factors contribute to your academic achievements:

LANGUAGE PROFICIENCY:

Please fill the boxes with wherever Beginner, Proficient or Expert whatever is applicable

Mother Tongue			
Language Known	Read	Write	Speak
	NA	NA	NA

PREVIOUS EMPLOYMENT DETAILS: Fresher ☒ Experienced ☐

(Please mention **Exact dates** in ***From*** and ***To*** Boxes)

S.N	Organization	City	Designation at the time of Leaving	Period		Salary at the Time of Leaving
				<i>From</i>	<i>To</i>	
1						

Total years of Experience as on date: _____Years_____Months

Total years of Relevant Experience as on date: _____Years_____Months

PROFESSIONAL REFERENCES

Name	Contact No	Organization	Relation	Email Id

Note: Please provide professional references who can recommend your work from your past organization(s) (Not family members or relatives)

Do you want to refer your friend in Lantern Globe? If yes, please fill below details.

Name	Organization	Designation	Skillset	Phone	Email Id

Do you have any relative / friend working with Lantern? Please specify below mentioned details

Name: _____

Designation: _____

ID Number: _____

Relation: _____

Self-Declaration:

The information given by me is true to the best of my knowledge.



(Signature)

(Date)

NOMINEE for GPA & EDLI

NOMINEE for GROUP PERSONAL ACCIDENT INSURANCE(GPA)	
Name:	
Relation	
Date of Birth:	Age:
Address:	
Phone:	Email:
Aadhar No:	
NOMINEE FOR EMPLOYEE DEATH LIFE INSURANCE (EDLI)	
Name:	
Relation	
Date of Birth:	Age:
Address:	
Phone:	Email:
Aadhar No:	

CONFIRMATORY NOTE

Date:

HR Department

Lantern Globe

Dear Sir / Madam,

I hereby declare that I do not have following documents to be submitted to you as requested for on boarding formalities.

I will be submitting the requested documents within one-month time from my DOJ without fail. I am also aware that my salary will be on hold upon failure to submit the pending documents.

Document Pending	Reason for not submitting

Name of Employee:

Emp ID:

DOJ:

Designation:

Signature:

Employee Self Declaration in terms of PF account holding status

I _____ ID No: _____ Joined

Lantern Globe on _____/_____/_____. I declare that I was having a PF Number ()

/ I don't have a PF number () (**Put ☒ mark for the appropriate**) with my previous employer

My previous PF account details are as follows:

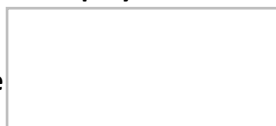
✓ PF office state: _____

✓ Belongs to which Provident fund office: _____

✓ Mention your complete PF Number in detail _____

Name of the employee: _____

Signature



Declaration Date:

Place:

FORM 'F'

[See sub-rule (1) of rule 6]

Nomination**To**

Lantern Globe.
12/A, Etobicoke, Ontario,
Canada- M8V

[Give here name or description of the establishment with full address]

I. Shri/Shrimati/Kumari _____ whose particulars are given in the statement below,
[Name in full here]

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 a/are 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.			
so on.			

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 Ticket or Serial No., if any: _____

(EMP ID: _____)

7. Date of appointment: _____

8. Permanent address: _____

CITY

STATE

PIN CODE

Place
Date

X

Signature/Thumb impression
of the employee

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.

X

Date

Signature of the employee



Date of Joining in Lantern Globe :

EMPLOYEES PROVIDENT FUND ORGANIZATION

Employees provident funds scheme, 1952 (paragraph 34 & 57) &
Employees pension scheme 1995 (paragraph 24)

New Form No.11- Declaration Form

(To be retained by the employer for future reference)

Emp Code: _____

Company: Lantern Globe

(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					
2	Father's Name (✓) Spouse's Name () (Please Tick Whichever Is Applicable)					
3	Date of Birth (DD/MM/YYYY)					
4	Gender: (male / Female /Transgender)					
5	Marital Status (married /Unmarried /widow/divorce)					
6	(a) Email ID: (b) Mobile No:					
7*	Whether earlier a member of Employees 'provident Fund Scheme 1952	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
8*	Whether earlier a member of Employees 'Pension Scheme ,1995	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
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	India	HYD	EST.CODE	EXTN	PF 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:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	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	&				
	b) AADHAR Number (12 Digit)					
	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: _____
Place _____

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A) The member Mr/Ms/Mrs .Above mentioned. has joined onand 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

- IV. And, in consideration thereof and as a condition of employment, Employee hereby acknowledges and agrees to the terms and conditions stated herein.

A. CONFIDENTIALITY

1. Employee hereby acknowledges and agrees that during the course of employment at Lantern Globe, Employee will be exposed directly and/or indirectly to Lantern Globe's "Confidential Information."
2. Confidential Information shall consist of any information disclosed by Lantern Globe to Employee, in whatever form (e.g., oral, written, machine readable, etc.), which has not been disclosed by Lantern Globe to the general public including but not limited to customer data, project execution plans, processes, computer software and related documentation, software source code, trade secrets, marketing plans, business opportunities, proposals, cost estimates, strategic development plans, maps, inventions, financial data, performance data, standards, procedures, templates and training material. Confidential information also includes information received thorough customer / vendor / third party which is governed by confidentiality agreement signed by Lantern Globe.
3. Confidential Information shall remain protected by this Agreement regardless of whether or not it is marked confidential, copyrighted, trademarked, or patented.
4. Except as authorized vide written permission by Lantern Globe. Employee agrees not to disclose, use, copy, modify, make derivatives of, or dispose of any Confidential Information during the course of employment at Lantern Globe or at any time after termination of employment.
5. Employee agrees to read, understand, and comply with Lantern Globe's Information Security Management System (ISMS), including as it applies to the treatment of Confidential Information.
6. Employee acknowledges and agrees that Lantern Globe's Confidential Information is valuable, unique and of strategic importance and that any unauthorized disclosure will result irreparable injury to Lantern Globe. Employee agrees that, in the event of any breach or threatened breach of the terms of this Agreement, Lantern Globe shall be entitled to an injunction in addition to and not in lieu of any other legal or equitable relief.

B. INTELLECTUAL PROPERTY

1. Employee agrees that all work, including developments, designs, inventions, improvements, trade secrets, trademarks, copyright able subject matter, or proprietary information which Employee makes or conceives, either solely by Employee or jointly with others and either on or off Lantern Globe's premises, relating to any actual or planned product, service, or activity of Lantern Globe of which Employee has knowledge or is suggested by or resulting from any work performed by Employee for Lantern Globe ("Intellectual Property") shall be considered to be "work made for hire" and shall be owned exclusively by Lantern Globe.



2. In the event that any such Intellectual Property, or portion thereof, is not construed to be a work made for hire, Employee hereby assigns to Lantern Globe, and will in the future upon Lantern Globe's request confirm such assignment to Lantern Globe, of all right, title and interest in such Intellectual Property or portion thereof. Employee agrees that Employee has no proprietary interest in any Intellectual Property, including any patent, copyright, trademark, trade secret, or moral rights. Employee agrees that Employee shall provide necessary assistance to protect, enforce or perfect Lantern Globe's rights and interests in such Intellectual Property and that Employee shall not register, file or obtain any patent, copyright, or trademark relating to any of the Intellectual Property in Employee's own name.

C. GENERAL OBLIGATIONS

1. OBLIGATIONS ON CESSATION OF EMPLOYMENT:

- i. **RECORDS AND DOCUMENTS:** Prior to departing from Lantern Globe's facilities, Employee shall return all records and documents, including any Confidential Information, in Employee's possession and shall not retain copies of any such materials.
 - ii. **IDENTITY OF FUTURE EMPLOYER:** Upon separation from employment for any reason, if reasonably requested by Lantern Globe, the employee, at his / her wish, may inform Lantern Globe of the name and address of his/her intended future employer.
 - iii. **NOTICE TO FUTURE EMPLOYERS:** For two years immediately following the separation of employment by Lantern Globe, Employee is advised to inform each new employer, prior to accepting employment, of the existence of this Agreement and provide that employer with a copy of it, if needed.
 - iv. Lantern Globe reserves the right to inform any future employer of Employee of the existence of this Agreement and to provide any future employers with a copy of it.
2. **NON-SOLICITATION:** During employment at Lantern Globe and for two years thereafter, Employee agrees that neither Employee nor Employee's agents or assigns shall directly or indirectly solicit the employees, clients, or customers of Lantern Globe without the written permission of Lantern Globe. This restriction shall not apply to any solicitation made by the Employee in response to public advertisements and/or tender notices posted free of cost or commercially.
 3. **NO DISPARAGEMENT:** During and after employment at Lantern Globe, Employee agrees not to disparage Lantern Globe or any of its officers, employees, agents or representatives and will not knowingly say or do anything that would have an adverse impact on Lantern Globe.



4. **ENTIRE AGREEMENT:** This Agreement constitutes the entire agreement between Employee and Lantern Globe and supersedes all prior written and oral agreements and understandings.
5. **NO EMPLOYMENT AGREEMENT:** Neither this Agreement nor any provision thereof shall be construed to be an employment agreement.
6. **MODIFICATION AND WAIVER:** No modification of this Agreement shall be binding on Lantern Globe unless agreed to in writing and signed by a duly authorized representative of Lantern Globe. Failure of Lantern Globe to enforce or insist upon compliance with any of the provisions of this Agreement shall not constitute a general waiver or relinquishment of any such provisions and the said provisions shall be and remain at all times in full force and effect.
7. **DISPUTE RESOLUTION:** Any dispute which cannot be amicably settled by the parties may be submitted, by one of the parties, to arbitration under the Rules of the Indian Arbitration and Conciliation Act. The language of the arbitration shall be English and the place of Arbitration shall be Indian, India. Both parties agree that the results and awards of any such arbitration shall be final and binding on both parties. The arbitrator shall be agreed to by the parties. Failing which, both parties shall appoint one arbitrator each and the third arbitrator shall be decided upon by the two arbitrators. Any action be brought by Lantern Globe to this Agreement to enforce any provision thereof, Lantern Globe shall be entitled to recover, in addition to any other relief, reasonable attorneys' fees and costs and expenses of litigation or arbitration.
8. **LEGALLY BINDING AGREEMENT:** Employee agrees that this Agreement shall be binding upon Employee and Employee's heirs, administrators, assigns, executors, or other legal representatives and shall be binding upon and inure to the benefit of Lantern Globe, its assigns, nominees, or successors.
9. **ACKNOWLEDGEMENT OF RECEIPT:** Employee acknowledges that Employee has received a copy of this Agreement and that execution of this Agreement was an express condition of employment.
10. **EFFECTIVE DATE OF AGREEMENT:** This Agreement shall be deemed effective as of the first day of employment by Lantern Globe ("Effective Date"). All obligations under this Agreement shall start from the Effective Date continue throughout Employee's entire period of employment at Lantern Globe, including any internal transfers or promotion, and survive two years following termination of employment at Lantern Globe.



11. HEADINGS: Headings in this Agreement are for convenience of reference only and are not a part of the substance hereof.

12. LEGAL ACTION: Employee understands and agrees that Lantern Globe reserves the right to institute legal action against Employee in case of any disclosure of Confidential Information, infringement of Intellectual Property, or other violation of this Agreement.

13. VERIFICATION: Employee attests that employee has read and fully understood this document and the consequences thereof and that employee agrees with all items contained herein. Employee acknowledges that employee's obligations to Lantern Globe hereunder shall continue following termination of employment at Lantern Globe.

In WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed on the day and year:

Lantern Globe

Signature

Name :

Title :

Date & Year:

Employee

Signature

Name

Title

Date & Year:



INDUCTION FEEDBACK

Name:

Date:

Emp ID:

Division:

1. Evaluate the induction in an objective manner and rate the following on a five- point scale:

1) Poor 2) Average 3) Good 4) Very Good 5)
Excellent

- | | |
|---|--------|
| a) Relevance of the programme | () |
| b) Coverage of the subject/topic | () |
| c) Time allocated for Induction | () |
| d) Ability of the HR in communicating the subject effectively | () |
| e) Quality of Presentation | () |
| f) Overall rating of the effectiveness of the programme | () |

2. Which part of the induction you liked and why?

3. Any Comments or suggestions to improve the induction programme?

Employee Signature

