



APPLICATION FOR EMPLOYMENT

SYNOPSYS®

SYNOPSYS (India) Pvt. Ltd.

RMZ Infinity, Tower A, 3rd, 4th & 6th Floor
Municipal No.3, Old Madras Road
Benniganahalli, Bangalore 560 016

APPLICATION FOR EMPLOYMENT

Must be completed and signed even if attaching a personal resume

PHOTO

AN EQUAL OPPORTUNITY EMPLOYER

In recruiting, hiring and promoting personnel, qualifications for the position being filled continue to be the determining factor

PERSONAL DATA				
Name: Last	First	Middle	Initial	SEX: (Tick) <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth : DD /MM /YY				
ADDRESS : PERMANENT PRESENT				Blood Group
Tel No.:		Tel No.:		
IN EMERGENCY, PLEASE CONTACT (Relationship) Tel No.				
NATIONALITY:	MARITAL STATUS	SPOUSE'S NAME	DATE OF MARRIAGE	
PASSPORT DETAILS : Place issued : Validity				
US Visa Status : <input type="checkbox"/> Applied before <input type="checkbox"/> Currently valid (Type) Validity				
Countries visited before :				
REFERRAL SOURCE				
<input type="checkbox"/> Advertisement <input type="checkbox"/> Walk in <input type="checkbox"/> Employee Referral / Name of Employee				
<input type="checkbox"/> Other				
EMPLOYMENT INTEREST				
TYPE OF POSITION APPLIED FOR			Data Available	
<input type="checkbox"/> Full Time <input type="checkbox"/> Summer intern <input type="checkbox"/> Temporary				
Have you ever applied to Synopsys subsidiary before ? <input type="checkbox"/> Yes If yes, when and where? <input type="checkbox"/> No				
EDUCATION AND TRAINING				
Degree	Main Subject / Specialisation	Name and location of College/University/High School (List in order of highest degree attained)	Year of Passing	% age/ GPA
Additional education, vocational and/or professional information:				

ACCOUNT FOR EMPLOYMENT HISTORY Account for employment history as applicable. List present or most recent employment first.
List additional employers on back page.

Employer		Employment Dates: From _____ To _____	
Address		Phone Number : () _____	
Job Title:			
Beginning Salary		Ending Salary	
Description of duties:			
Reason for leaving:			

Employer		Employment Dates: From _____ To _____	
Address		Phone Number : () _____	
Job Title:			
Beginning Salary		Ending Salary	
Description of duties:			
Reason for leaving:			

Employer		Employment Dates: From _____ To _____	
Address		Phone Number : () _____	
Job Title:			
Beginning Salary		Ending Salary	
Description of duties:			
Reason for leaving:			

ADDITIONAL EMPLOYERS				
Name and Address	From Mo./Yr.	To Mo./Yr.	Job Title	Reason for leaving

APPLICANT'S STATEMENT	
<p>I certify that the information provided in the application is accurate, I understand that the withholding of information or giving of false information on the application or my resume will result in a refusal to hire or in disciplinary up to including the termination of my employment.</p> <p>I hereby grant permission to any person, firm or corporation to release to the company or its representatives any and all information regarding my past work or employment and my background. I waive any and all claims I might have with respect to the providing of such information.</p> <p>I understand and agree that if I am offered employment by the company, It will be for an indefinite terms and on an at-will basis. This means that either I or the Company may terminate the employment relationship at any time, with or without cause. I understand that this "at-will" relationship may be changed only by a written agreement entered into for this purpose and aligned by the company's Chief Executive Officer or authorized signatory, I also understand that other terms and conditions or my employment will be governed by various policies and rules and regulations of the company, in writing and otherwise, and that those policies and rules and regulations may be changed from time to time by the Company at its discretion without affecting the "at-will" nature of employment.</p> <p>If I am offered employment, I agree that on or before my hire date, I will provide original documents to Synopsys which verify my identity, qualifications and experience.</p> <p>I Understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by this employer and employee in writing.</p> <p>I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION</p>	
<p>Signature of Applicant</p> <p>_____</p>	<p>Date</p> <p>_____</p>

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	SECONDARY	GRADUATE	GRADUATE	DOCTOR	PROFESSIONAL

15) Marital Status
(Please Tick)

Married	Unmarried	Widow	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
Bank A/c -1*			
NPR/ Aadhaar			
(PAN)			
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 KYC to avail better service. Self-Attested photocopies of the documents.

C. Undertaking:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BEHALF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND / OR EPD, 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
- (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN 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 DATA BASE
- ☐ HAVE NOT BEEN UPLOADED
- ☐ HAVE BEEN UPLOADED BUT NOT APPROVED
- ☐ HAVE BEEN UPLOADED 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
- * 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 EXEMPTED / UNEXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form Under the Employee's Provident Funds & Employees' Pension Scheme
(Paragraph 33 & 61 (1) of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995)

1	Name (In Block Letters)	:					
2	Father's / Husband's Name	:					
3	Date of Birth	:					
4	Sex	:					
5	Marital Status	:					
6	Account Number	:					
7	Address	Permanent	:				
		Temporary	:				
8	Date of Joining	:					
		EPF	:				
		EPS	:				

PART - A (EPF)

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

Name & Address of the 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 minor name & address & relationship of the guardian who may recive the amount
1	2	3	4	5

- 1 Certified that I have no family as defined in para 2 (g) of the Employee's 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 depended upon me.
- 3 Unmarried members in the absence of dependant parents may nominate any other person to receive the shares

Note: A Fresh nomination shall be made by the member on his/her marriage and any nomination made before such marriage shall be deemed to be invalid

Signature or thumb impression of the Subscriber

PART - B (EPS)

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

S.No	Name of the Family Members	Address	Date of Birth	Relationship
1				
2				
3				
4				
5				

Certified that I have no family as defined in para 2 (vii) of the Employee's Pension Scheme 1995 and should I acquire a family hereafter the above nomination should be deemed as cancelled

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16(2) (g) (i) & (ii) in the event of my death with out leaving any eligible family member for receiving pension.

Name & Address of the Nominee	Date of Birth	Relationship with the member

Date :

x
Signature / Thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

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

Place:

Date :

Signature of the employer

Name & Address of the Establishment

JONT DECLARATON FORM - I

[Form to be used for enrolling to the Employees' Provident Fund in respect of the employees whose Total wages exceed the wage ceiling limit of Rs.15,000/- per month on the date of joining the establishment and for remitting the P.F. contributions as per Statutory Rate only]

(See Paragraph 26(6) and Para 29 of the Employees' Provident Funds Scheme, 1952)

To
The Regional Provident Fund Commissioner,

Declaration by the Employee:

I,
Son of / Daughter of / Wife of
Bearing Provident Fund Account No.
am willing to become member of the Employees' Provident Funds Scheme, 1952
with effect from _____ and to contribute to the Employees' Provident
Fund at the Statutory Rate as prescribed under Para 29 of the Employees' Provident
Funds Scheme, 1952 on my Emoluments consisting of Basic Pay, Dearness
Allowance (including cash value of food concession) and Retaining Allowance (if
any), which altogether not exceeding Rs.15,000/- per month with effect
from _____.

I agree to abide by the conditions contained in the Employees' Provident Funds
Scheme, 1952

Therefore, kindly permit me to enroll myself as Member of the Employees'
Provident Fund and to contribute on my Emoluments not exceeding Rs.15,000/-
per month with same benefits as available to other Provident Fund members
whose monthly salary does not exceed Rs.15,000/- with effect from
_____.

Signature of the Employee

Place:

Dated:

Declaration by the Employer:

We, as the Employers of the above mentioned Employee are willing to pay our
share of contributions to the Employees' Provident Fund at the Statutory Rate as
prescribed under Para 29 of the Employees' Provident Funds Scheme, 1952 on the
Emoluments of

Shri/Smt/Ms. _____ consisting of Basic Wages, Dearness Allowance (including cash value of food concession) and Retaining Allowance (if any), which altogether **not exceeding Rs.15,000/- per month** and agree to remit the Administrative Charges at the existing prescribed rate of 1.10% of the wages of the above employee on which the Provident Fund contributions are payable with effect from _____ and also agree to abide by the conditions contained in the Employees' Provident Funds Scheme, 1952.

The above Employee, may there fore be permitted to become Member of the Employees' Provident Fund and to contribute on the emoluments not exceeding Rs.15,000/- per month from the aforesaid date.

Signature of the Employer or
Authorised Official with Seal.

Place:

Dated: _____

For Office use:

OFFICE OF THE REGIONAL PROVIDENT FUND COMMISSIONER

The above Joint Declaration is accepted and necessary entries made in the Ledger Account of the Employee for verification with the Contribution Card in Form 3-A.

A.O. (with Seal)

A.P.F.C. (with Seal)

To

01. Shri / Smt / Ms

P.F. Account No.

(Through the Employer)

02. M/s.

(* Address Seal of the Establishment)

03. Area Enforcement Officer

Note: 1. This Joint Declaration is required to be submitted in Quadruplicate.

2. Recovery of P.F. contribution may be started in anticipation of formal acceptance.

JONT DECLARATON FORM - II

[Form to be used for contributing to the Provident Fund at **Higher Rate by the Employee only** on the Total wages exceeding the wage ceiling limit of Rs.15,000/- per month]

(See Paragraph 26(6) and Para 29 of the Employees' Provident Funds Scheme, 1952)

To
The Regional Provident Fund Commissioner,

Declaration by the Employee:

I,
Son of / Daughter of / Wife of
Bearing Provident Fund Account No.
am willing to contribute to the Employees' Provident Fund above the Statutory Rate at the rate of _____% as provided under Proviso to Para 29(2) of the Employees' Provident Funds Scheme, 1952 on my **Total Emoluments** consisting of Basic Pay, Dearness Allowance (including cash value of food concession) and Retaining Allowance (if any), which altogether exceeds Rs.15,000/- per month with effect from _____.
and agree to abide by the conditions contained in the Employees' Provident Funds Scheme, 1952.

I am aware of the provisions of Para 29 of the Employees' Provident Funds Scheme, 1952 that my Employer shall not be under an obligation to pay any contribution over and above his contribution payable at the prescribed statutory rate.

Therefore, kindly permit me to contribute at the rate of _____% on my Total Emoluments, with same benefits as available to other Provident Fund members whose monthly salary does not exceed Rs.15,000/- with effect from _____.

Signature of the Employee

Place:

Dated:

Declaration by the Employer:

We, as the Employers of the above mentioned Employee are acceptable to pay our share of contributions to the Employees' Provident Fund at the **Statutory Rate only** as prescribed under Para 29 of the Employees' Provident Funds Scheme, 1952 on the **Total Emoluments** of

Shri/Smt/Ms. _____ consisting of Basic Wages, Dearness Allowance (including cash value of food concession) and Retaining Allowance (if any), which altogether **not exceeding Rs.15,000/- per month.**

However, We agree to remit the Administrative Charges at the existing prescribed rate of 1.10% of the Total Wages of the above employee on which the Provident Fund contributions are proposed to be remitted at more than the statutorily prescribed rate as stated above by the member with effect from _____ and also agree to abide by the conditions contained in the Employees' Provident Funds Scheme, 1952.

The above Employee, may therefore be permitted to contribute his/her share of Provident Fund contributions at ____% on the Total Emoluments from the aforesaid date.

Signature of the Employer or
Authorised Official with Seal.

Place:

Dated: _____

For Office use:

OFFICE OF THE REGIONAL PROVIDENT FUND COMMISSIONER

The above Joint Declaration is accepted and necessary entries made in the Ledger Account of the Employee for verification with the Contribution Card in Form 3-A.

A.O. (with Seal)

A.P.F.C. (with Seal)

To

01. Shri / Smt / Ms
P.F. Account No.

(Through the Employer)

02. M/s.

*

(* Address Seal of the Establishment)

03. Area Enforcement Officer

Note: 1. This Joint Declaration is required to be submitted in Quaduplicate.
2. Recovery at enhanced rate may be started in anticipation of formal acceptance.

FORM 'F'

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

Nomination

To

[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.
7. Date of appointment.
8. Permanent address.

Village Thana Sub-division Post Office

District State.....

Place
Date

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.

Date

Signature of the employee

Note: Strike out the words and paragraphs not applicable.

FORM 'G'

[See sub-rule (3) of rule 6]

Fresh Nomination

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

I, Shri/Shrimati [Name in full here] whose particulars are given in the statement below, have acquired a family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972 with effect from the [date here] in the manner indicated below and therefor nominate afresh 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 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 the person(s) nominated is a/are member(s) of my family within the meaning of clause (h) of section 2 of the said Act.

3.

(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.

4. 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.

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.			
so on.			

Manner of acquiring a "family"

[Here give details as to how a family was acquired, i.e., whether by marriage or parents being rendered dependant or through other process like adoption].

Statement

1. Name of the employee in full.
2. Sex.
3. Religion.
4. Whether unmarried/married/widow/widower.
5. Department/Branch/Section where employed.
6. Post held with Ticket No. or Serial No., if any.
7. Date of appointment.
8. Permanent address.

Village Thana Sub-division Post Office

District State

Place

Signature/Thumb impression

Date

of the employee.

Declaration by witnesses

Fresh nomination signed/thumb impressed before me.

Name in full and full
addresses 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 the nomination in Form filed by me on
duly certified by the employer.

Date

Signature of the employer

Note: Strike out the words and paragraphs not applicable.

FORM 'H'

[See sub-rule (4) of rule 6]

Modification of Nomination

To

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

I, Shri/Shrimati/Kumari [Name in full here] whose particulars are given in the statement below, hereby give notice that the nomination filed by me on [date] and recorded under your reference No..... dated shall stand modified in the following manner:

[Here give details of the modifications intended]

Statement

1. Name of the employee in full.
2. Sex.
3. Religion.
4. Whether unmarried/married/widow/widower.
5. Department/Branch/Section where employed.
6. Post held with Ticket No. or Serial No., if any.
7. Date of Appointment.
8. Address in full.

Place
Date

Signature/Thumb impression
of the employee

Declaration by witnesses

Modification of nomination signed/thumb impressed before me.

Name in full and full
addresses of witnesses.

Signature of witnesses.

- 1.
- 2.

- 1.
- 2.

Place

Date

Certificate by the employer

Certified that the above modification have been recorded.

Employer's reference No., if any.

Signature of the employer/
Officer authorised
Designation
Name and address of the
Establishment or rubber
Stamp thereof.

Acknowledgement by the employee

Received the duplicate copy of the notice for modification in Form 'H' filed by me on
...and duly certified by the employer.

Date

Signature of the employee

Note: Strike out the words and paragraphs not applicable.

GROUP TERM LIFE INSURANCE POLICY/ GROUP PERSONAL ACCIDENT
Nomination Declaration Form

Employee Name -

Employee ID -

I hereby nominate the person(s) mentioned below as my "Nominee(s)" to receive the eligible sum insured amount payable by the Insurance Company in the event of my death, during my service period with "Name of the Company" :

Sl No.	Name (full name) & Address of the Nominee/Nominees (in capital letters)	Gender M/F	Date of Birth (DD/MM/YYYY)	Nominee's relationship with the employee	Share of sum insured to be paid to each nominee	If the nominee is a minor, Name & address of the Guardian who may receive the sum insured during the minority of nominee
1						
	Mobile / Landline No.					
	Email ID.					
	UID / Aadhaar Card No.					
2						
	Mobile / Landline No.					
	Email ID.					
	UID / Aadhaar Card No.					

I understand that admittance / settlement of any claims arising out of this policy are subject to the terms and conditions of the Group Term Life Insurance Policy of "Name of the company" and as per the prevailing rules and guidelines of Insurance Company & Insurance Regulatory Development Authority (IRDA). I further undertake to update the details of Nominations hereinabove declared in case of any changes thereof, in writing to HR Department.

Date :

Place:

Signature of Employee

Payment of Wages (Nomination) Rules, 2009

FORM – I

Nomination and Declaration Form

(See Rule 3)

1. Name of Person making nomination _____
(in block letters)
2. Father's/Husband's name _____
3. Date of Birth _____
4. Sex _____
5. Marital Status _____
6. Address
Permanent _____
Temporary _____

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s) mentioned below to receive any amount due to me from the employer, in the event of my death.

Name of Nominee/ nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulations in credit to be paid to each nominee	If the nominee is a minor, name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6

1. Certified that I have no family and should I acquire a family hereafter, the above nomination shall be deemed as cancelled.
2. *Certified that my father/mother is/are dependent on me.
3. *Strike out whichever is not applicable.

Signature or thumb impression
of the employed person

CERTIFIED 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 entry/entries have been read over to him/her by me and got confirmed by him/her.

Signature of the employer or other authorised
Officer of the establishment and
Designation

Place:

Date:

Name and Address of the Factory/
Establishment and rubber stamp thereof

To
HR Manager
Synopsys (India) Pvt.Ltd.
Bangalore

Sub: Declaration in lieu of Relieving Letter

Dear Sir,

This is to confirm that I have tendered my resignation on _____ and I am awaiting my Full and Final Settlement from _____. I have voluntarily severed my association with my previous employer in accordance with the terms and condition outlined in the Appointment Letter which was issued by the Company on _____ (please refer clause no – in the Appointment Letter, a copy of which has been attached herewith). Please find a copy of the resignation letter, duly acknowledged.

Since I have joined SNPS today, I confirm that I will not draw wages/ compensation or be availing any benefits whatsoever from the previous employers with effect from the closing hours of _____. I also affirm that I will comply with all policies & procedures as applicable to employees in the establishment and as communicated to me by the Company. I hereby confirm having read and understood policies pertaining to "Conflict of Interest" and "Intellectual Property" and will abide by the policies in letter and spirit.

Further to my severance of services with my previous establishment, I hereby confirm that I do not have any litigation or legal actions pending against me. I have served the Company as per terms and contract with the Company and the Company has not initiated any punitive action on me for breach of conduct or otherwise.

It will be my responsibility to address / resolve any issues pertaining to my voluntary severance of service with my previous establishment.

I assure you that I will provide documents pertaining to Full & Final Settlement the moment I receive the same from my previous employer.

Thanking you,
Yours sincerely

Date:

List of documents / information to be submitted by the individual to the Company on or before your joining date:

1. Copy of Relieving Letters from all your previous employer(s), In the absence of Relieving letter, please submit the Resignation acceptance letter.
2. Copy of Experience Letter from all your previous employer(s)
3. Copy of your most recent passport
4. Copy of Originals of professional qualification certificates
5. Copy of educational mark sheets for 10th, 12th, graduation (all semesters), post-graduation if applicable (all semesters)
6. Copy of most-recent pay slip issued by existing / previous employer
7. Details of your existing provident fund account number, if any
8. Copy of Self Attested Permanent Account Number (PAN) card
9. 1 recent passport-sized photographs
10. 1 Passport size photograph of dependents whom you would be included in the Mediclaim policy of the company (E.g. Parents, Parent In-laws, children, Spouse, and siblings up to the age of 25 years)
11. Marriage Certificate (if married)
12. Copy of Self Attested Aadhar Card
13. Signed Copy of Synopsys Offer letter

Note:

It is mandatory for you to log in to the EPFO portal online to monitor the e-nominations and for PF transfers.

Nominations that you submit on joining will be filed with the company only, please ensure to update the e-nomination in the online EPFO portal also.



Instructions to fill - APPLICATION FOR EMPLOYMENT

SYNOPSYS®

SYNOPSYS (India) Pvt. Ltd.

RIIZ Infinity, Tower A. 3rd, 4111 • 5th Floor
Municipal No.3, Old Madra Road
Bennlpnahalll, Bangalore 580 011

Few Points to Note:

- You may use Adobe “fill & sign” option to fill in the documents.
- Complete Time-Sensitive Paperwork on your **first day of employment** including:
 - Application for Employment
 - PF & Gratuity nomination forms
 - Group Term Life Insurance nomination form
 - Payment of wages – Form I Nomination
 - **Submit the below-Supporting documents:**
 - Relieving Letter
 - Copy of resignation letter and self-Declaration in case Relieving Letter is not available
 - Last 3 months’ salary slip copy
 - Copies of Educational Certificates (10th, 12th, BTech/ M. Tech/Ph.D.) all semester markssheets to be submitted
 - Passport copy first 2 and last 2 pages plus copies of valid visa
 - 2 photos of self
 - Copy of Aadhar Card (mandatory for PF authorities)
 - Copy of PAN Card
 - Copy of Marriage Certificate where applicable
 - Copy of Divorce Certificate where applicable
 - Vaccination certificate

1. Personal Data:

- a. Please fill in the details **only as per Passport**
- b. If you don’t have a passport, you need to apply for it and enter the details as per the acknowledgment.

2. EDUCATION AND TRAINING

- a. List in order of highest degree attained
- b. SSLC/10th and above is preferred

3. ACCOUNT FOR EMPLOYMENT HISTORY

- a. List present or most recent employment first
- b. You need to fill in all the employment details

4. REFERENCES: List two business or professional references that we may contact.


5. Declaration of Dependents and Nominees:

- a. Please declare Self and the dependents you want to enroll under the Medical Insurance
- b. You can share the photographs separately as attachments
- c. Employee ID – can be left blank or be filled on day 1 (Your BG admin or Buddy will help)

Note: If you don't have a previous EPF account, Synopsys payroll team will create an account/UAN number for you.

- **Q.1-7:** Personal details
- **Q.8 & 9:** Please check your previous employer PF passbook/ login to EPFO site
 - *If employee became a member on or after 1st Sep 2014, and his/her wages is more than INR 15,000, then employee is not eligible for EPS*
- **Q.10 & 12:** If you were earlier a member of Employees Provident Fund Scheme, then you must fill out details regarding his or her previous employment such as listed below:
 - **UAN** or previous provident fund account ID
 - Date of exit – your last working day with the previous employer
 - Previous scheme certificate number – Enter only if applicable or Add NA
 - Previous pension payment order - Enter only if applicable or Add NA
- **Q.13-16:** International workers have to specify the following: **Select NO, if you are an Indian citizen.**
 - Country of origin, Passport number & validity, Educational qualification, Marital status
 - Any disabilities (visual, locomotive, hearing)
- **Q.17:** KYC details to be included are as follows:
 - Bank account number with IFSC code (mandatory)
 - **Aadhar**, PAN, Passport, Driving License, Voter ID, ESIC card, Ration Card

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.
-----	-----	------

F	I	R	S	T	N	A	M	E											
M	I	D	D	L	E	N	A	M	E										
L	A	S	T	N	A	M	E												

 (PLEASE TICK)

2) DATE OF BIRTH

	D	D	M	M	Y	Y	Y	Y

DOB - AS PER PAN

3) FATHER'S/HUSBAND'S NAME

MR.

F	A	T	H	E	R	'	S	O	R	H	U	S	B	A	N	D	'	S	N	A	M	E
A	S	P	E	R	P	A	N															

4) RELATIONSHIP IN RESPECT OF (3) ABOVE

FATHER	HUSBAND

SELECT RELATIONSHIP

5) GENDER

MALE	FEMALE	TRANSGENDER

SELECT GENDER

6) MOBILE NUMBER (IF ANY)

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

PERSONAL NO.

7) EMAIL ID (IF ANY)

E	M	A	I	L	I	D	P	E	R	S	O	N	A	L								

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?
 (PLEASE TICK)

YES	NO
-----	----

TICK YES IF YOU HAVE UAN OR PF NO

9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?
 (PLEASE TICK)

YES	NO
-----	----

CHECK DETAILS WITH PREVIOUS EMPLOYER

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

Page 1 of 3

Form No. 2 – Nomination & Declaration Form for EPF & EPS



FORM 2 (Revised)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS
Declaration and Nomination Form under the Employees Provident Fund and Employees Pension Scheme.
(Paragraph 33 & 61(1) of the Employees Provident Fund Scheme, 1952 & Paragraph 18 of the Employees Pension Scheme, 1995)

1. Name in CAPITALS:

2. Fathers' Name:

3. Date of Birth: 4. Male/Female:

5. Marital Status: 6. Account Number: MH/BAN/

7. Address : Permanent

Temporary

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 the Nominees	Address of the Nominees	Nominees Relationship with the member	Total Amount of share of accumulations in Provident Fund to be paid to each nominee.	If the Nominee is minor, name, relationship and address of the guardian who may receive the amount during the minority of nominee
<input type="text" value="Provide Full name (First Name Middle Name Last Name)"/>	<input type="text" value="Complete address with area pin code"/>	<input type="text" value="Specify relationship with nominee"/>	<input type="text" value="Share allocated to respective nominee(s)"/>	<input type="text" value="Guardian details (complete details along with address)"/>
			<input type="text" value="Gross up shall be 100%"/>	

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.

☐ Tick option no. 2 if member is unmarried

Signature of the subscriber/member

Part B- EPS: Similar to above fill in the nominations for EPS

FORM F /G /H: These are Gratuity Nomination Declaration forms

F – for Singles and Unmarried

G – Married

H – Modification of nomination

Form F: Note: Strike out the words and paragraphs not applicable

- To - Company Name as per the Offer letter issued to you
- 1. Your full name
- Add your Nominee(s): You can add Parents (or) Spouse and Allot proportion of share percentage by which the gratuity will be share with them.
- If unmarried, you may also provide sibling details.
- **Fill in the statement details.**
 - o Post held with ticket/ serial No. – leave it blank
 - o Date of appointment – Joining date
 - o Declaration by witness – can be from anyone

Form G: Note: Strike out the words and paragraphs not applicable

- To - Company Name as per the Offer letter issued to you
- 1. Your full name and Date of joining
- Add your Nominee(s): You can add Parents (or) Spouse and Allot proportion of share percentage by which the gratuity will be share with them.
- If unmarried, you may also provide sibling details.
- Fill in the statement details.
 - o Post held with ticket/ serial No. – leave it blank
 - o Date of appointment – Joining date
 - o Declaration by witness – can be from anyone

Form H (ONLY for Modification of nomination): Helpful only when there is a Nomination change in future (No need to fill it now)

Note: Strike out the words and paragraphs not applicable

- To - Company Name as per the Offer letter issued to you
- Your full name
- Reference No – can be left blank
- Dated – previous nomination submission date
- Fill in the statement details.
 - o Post held with ticket/ serial No. – leave it blank
 - o Date of appointment – Joining date
 - o Declaration by witness – can be from anyone