



Joining Forms

VIVEK IYER



JOINING REPORT

TYPE OF EMPLOYMENT(PLEASE TICK)

REGULAR

☐

(Tick if a "Band" is mentioned
in the offer letter)

FTH

☐

(Tick if employment duration
mentioned in the offer letter)

☒

PROJECT TRAINEE

(Tick if you are joining as an intern)

1. DEPARTMENT CODE

I F D

IBM EMPLOYEE CODE

A V R W 3 X

2. NAME :

VIVEK

(FIRST)

IYER

(MIDDLE)

(LAST)

3. GENDER :

MALE

☒

FEMALE

☐

4. NATIONALITY :

INDIAN

5. OCI or PIO Number (If applicable) :

NA

6. FATHER'S NAME :

L BALASUNDARAM

7. RESIDENTIAL ADDRESS :

CURRENT ADDRESS : G1501, OBEROI SPLENDOR, JVLR ,JOGESHWARI (EAST) ,MUMBAI

STATE & PIN/ZIP CODE : MAHARASHTRA - 400060

PHONE No : 9167381316

PERMANENT ADDRESS : G1501, OBEROI SPLENDOR, JVLR ,JOGESHWARI (EAST) ,MUMBAI

STATE & PIN/ZIP CODE : MAHARASHTRA - 400060

PHONE No : 9167381316

EMERGENCY CONTACT NAME : L BALASUNDARAM

ADDRESS : G1501, OBEROI SPLENDOR, JVLR, JOGESHWARI (EAST), MUMBAI

STATE & PIN/ZIP CODE : MAHARASHTRA - 400060

MOBILE # 9167381316

LAND LINE # 02228252434

8. PREVIOUS EMPLOYER'S NAME AND ADDRESS :

NA

9. DATE OF LEAVING PREVIOUS EMPLOYER :

/ / (DD / MMM / YYYY)

10. DATE OF BIRTH :

20 / NOV / 1998 (DD / MMM / YYYY)

11. MARITAL STATUS :

SINGLE

☒

MARRIED

☐

WIDOW/ER

☐

12. PASSPORT NUMBER :

P1030365

13. PASSPORT DATE OF EXPIRY :

30 / JUN / 2026

14. DISABILITY:

NONE

11 / MAY / 2020

D

D

M

M

M

Y

Y

Y

Y

NEW DELHI

PLACE

Vivek

SIGNATURE OF THE EMPLOYEE

FOR OFFICE USE ONLY

HR DEPARTMENT:

NAME

SIGNATURE



AUTHENTIC INFORMATION / DOCUMENTATION DECLARATION

I certify that the statements made in the Employment Application Form, and the Background check form and the supporting documents submitted to IBM are authentic, correct, valid and complete to the best of my knowledge.

I hereby authorize IBM and / or any of its subsidiaries or affiliates, and any persons or organizations acting on its behalf to verify the information presented on this application form and to procure an investigative report or consumer report for that purpose. I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous records. In addition, please provide any other pertinent information requested by the individuals presenting this authority. I hereby release from liability all persons or I authorize to contact my present and previous employers.

I understand that if any information provided by me with respect to my application for employment is found to be untrue, inaccurate or misleading, IBM INDIA Private Limited may withdraw any offer of employment made to me or terminate my employment (If I have already joined IBM India) without notice.

Furthermore, IBM India Private Limited may take legal action as appropriate, including making adverse entries in any relevant databases, and may also forward the documents and /or any reports to the law enforcement authorities if found to be fraudulent/fake.

If applicable, I hereby confirm that in my duties as a government employee, I have (or have had) no matters involving IBM (in any capacity whatsoever), or if I do, that I have officially withdrawn from participating in those matters while I am discussing potential employment with IBM. All details of any such matters that I have been involved with, where IBM or any of its affiliates have been involved, are listed above.

I have read, understand and by my signature consent to these statements.

Employee Name: VIVEK IYER
Signature of Employee: *Vivek*
Onboarding Location: NEW DELHI

Employee No.:

A	V	R	W	3	X
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Effective Date:

1	1
---	---

 /

M	A	Y
---	---	---

 /

2	0	2	0
---	---	---	---

(D D / M M M / Y Y Y Y)

Signed Date:

1	1
---	---

 /

M	A	Y
---	---	---

 /

2	0	2	0
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(D D / M M M / Y Y Y Y)



NOMINATION FORM FOR SETTLEMENT OF FINAL DUES

I VIVEK IYER , here by nominate the person (s) mentioned below to receive the dues payable by IBM India Pvt Ltd., in the event of my death and direct that the said amount shall be distributed among the said person (s) in the manner shown below against the names:

During the minority of the below named nominee (s), i hereby direct that the person (s) whose particulars are given below shall be deemed to be the guardian of the minor nominee for the purpose of the receiving my dues.

SL No.	Name and address of the Nominee (S)	Age of the Nominee	Nominee's Relationship with the Member	% of sharing the amount of final dues	Name and address of the Guardian in case the nominee is a minor (<18)
1	L BALASUNDARAM G1501, OBEROI SPLENDOR, JVLR, JOGESHWARI (EAST), MUMBAI - 400060	54	FATHER	100%	

Employee No.: A V R W 3 X

Signature: Vivek

Effective Date: 1 1 / M A Y / 2 0 2 0

Place: NEW DELHI

Signed Date: 1 1 / M A Y / 2 0 2 0



GROUP PERSONAL ACCIDENT INSURANCE NOMINATION FORM

Employee name : VIVEK IYER

Employee No. : A V R W 3 X

Gender : MALE (Male/Female) Marital Status : SINGLE (Single/Married/Widow)

Date of Employment : 1 1 / M A Y / 2 0 2 0 Date of Birth : 2 0 / N O V / 1 9 9 8
(D D) (M M M) (Y Y Y Y) (D D) (M M M) (Y Y Y Y)

Nationality : INDIAN Designation : INTERN

In the event of my Death, I wish my benefits under the above policy be apportioned to the following nominated beneficiary as follows:

	Name	Relationship	Percentage (%)
1	<u>L BALASUNDARAM</u>	<u>FATHER</u>	<u>100%</u>
2	<u></u>	<u></u>	<u></u>
3	<u></u>	<u></u>	<u></u>
4	<u></u>	<u></u>	<u></u>
			<u>=====</u> <u>100%</u> <u>=====</u>

IMPORTANT NOTE: I understand that this document will be retained by my Employer and used to distribute any benefits arising from the Policy. This document supersedes any previous nominations.


Vivek

Signature of Employee

Effective Date: 1 1 / M A Y / 2 0 2 0
(D D) (M M M) (Y Y Y Y)

Signed Date: 1 1 / M A Y / 2 0 2 0
(D D) (M M M) (Y Y Y Y)

 If you wish to maintain the content of this form as confidential, please return to your Human Resources Manager/Employer in a sealed envelope

 In the event that you wish to amend your nomination, please ask your employer for a replacement Member Enrolment Form



BUSINESS CONDUCT GUIDELINES DECLARATION

I have read the Personal Conduct Guidelines and Business Conduct Guidelines and understood them. I agree to comply with these guidelines in the conduct of my professional activities as an employee in IBM India Pvt Ltd. I understand that failure to do so would result in disciplinary action including termination of my employment.

Link to IBM BCG: <https://www.ibm.com/investor/governance/business-conduct-guidelines.html>

Signature:

Name:

VIVEK IYER

Employee No.:

A	V	R	W	3	X
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Effective Date

1	1	/	M	A	Y	/	2	0	2	0
(D	D	/	M	M	M	/	Y	Y	Y	Y)

Signed Date:

1	1	/	M	A	Y	/	2	0	2	0
(D	D	/	M	M	M	/	Y	Y	Y	Y)

Location:

NEW DELHI



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