



Employment Form

Please affix
recent passport
size colored
photograph.

Employee Code (Provided by HR Team): _____

Designation: ASE Department: Sales

Reporting Mgr.: _____ D.O.J.: _____

Name as Per Aadhar Card Mr./Ms.: Santosh Kumar Khare

Date of Birth (DD/MM/YYYY)	<u>02/07/1988</u>	Aadhar Number	<u>976906258129</u>
Father's Name	<u>Brij Kishor Khare</u>	PAN Number	<u>DSCPS2612K</u>
Mother's Name	<u>Aruna Khare</u>	UAN No.	
Gender: (Male / Female / Transgender)	<u>Male</u>	ESIC No. (If Eligible)	
Marital Status (Single/ Married/ Divorcee)	<u>Married</u>	Driving License	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Name	<u>Pooja Shrivastav</u>	Mobile Number	<u>9755185823</u>
Date of Marriage (DD/MM/YYYY)	<u>19/06/2014</u>	Emergency Number	<u>9755655823</u>
		E-mail Id:	<u>KhareSantosh364@gmail.com</u>

Languages Known		<u>Hindi</u>	<u>English</u>	
	<input type="checkbox"/> Read <input type="checkbox"/> Write	<input checked="" type="checkbox"/> Read <input type="checkbox"/> Write	<input checked="" type="checkbox"/> Read <input type="checkbox"/> Write	<input type="checkbox"/> Read <input type="checkbox"/> Write

CURRENT ADDRESS	PERMANENT ADDRESS (Please give details if permanent is different from current address)
<u>EWS-106 Sagar Landmark Ayodhya By Pass Road Bhopal - 462041</u>	<u>EWS-106 Sagar Landmark Ayodhya By Pass Road Bhopal - 462041</u>

DETAILS OF FAMILY			
Name	Relationship	DOB (DD/MM/YYYY)	Occupation
<u>Brij Kishor Khare</u>	<u>Father</u>	<u>01/02/1948</u>	<u>Ritayard Teachers</u>
<u>Aruna Khare</u>	<u>Mother</u>	<u>05/05/1959</u>	<u>House Wife</u>
<u>Pooja Shrivastav</u>	<u>wife</u>	<u>23/01/1991</u>	<u>House Wife</u>
<u>Pooja Khare</u>	<u>Daughter</u>	<u>19/03/2015</u>	<u>-</u>
<u>Satvik Khare</u>	<u>Son</u>	<u>25/01/2022</u>	<u>-</u>

Have you previously applied / interviewed / worked with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details: _____
Do you have any Relatives/ Friends in Gopal Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, mention the name & relationship: _____
How were you referred to Gopal Snacks?	<input type="checkbox"/> Employee Referral <input type="checkbox"/> Placement Consultant <input type="checkbox"/> Job portal <input type="checkbox"/> GSL website <input type="checkbox"/> Advertisement <input type="checkbox"/> Contacted by GSL	Please give details: _____
Have you ever been arrested/ convicted in criminal proceedings or imprisoned or are there any pending cases against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details: _____

Medical History	Blood Group	Please give details of any major illness/ surgery/ accident in last 5 years: _____
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ACADEMIC & PROFESSIONAL QUALIFICATION INCLUDING SHORT TRAININGS / CERTIFICATE COURSES: TECHNICAL / COMPUTER / OTHER						
(Please give details of your Academic & Professional Qualification beginning with Class XII (# Course Type : R – Regular, PT – Part Time, C – Correspondence))						
Course/ Degree/ Exam	Course Type R / PT / C	School / College / Institution with Address	Board / University	Year of Passing	Area of Specialization / subject	% Marks/ Grade/ CGPA
10th		Raz open School	MP	2007	all	48%
12th		Raz open School	MP	2010	Biology	49%
B.A		Bhoj University	MP	2013	History political Science	58%

Please mention, if you have any gaps in education:

Duration:	Reason:
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SIGNIFICANT ACHIEVEMENTS
[Please mention any Distinctions, Honors, Awards (Academic, extracurricular) received]

Are you a member of any Professional Institution / Association? Yes/No

If Yes, please give details:

CURRENT / MOST RECENT SALARY DETAILS	
COMPONENT	AMOUNT (per month)
Gross Salary	29583
Fixed Salary	
Variable Salary	
Take Home Salary	24303
Expected CTC	20% Hike

If offered employment, how soon can you join? _____

PROFESSIONAL REFERENCES				
(Please give details of people you have worked with in previous organizations – Min. 2 references)				
No.	Name	Designation	Organization	Contact Phone no. (Landline / Mobile)
1.	Dhirendra ji	RSM	Paras Ghee	9926284500
2.	Suresh Malviya	ASM	Cycle Agarbatti	9826646789
3.				

EXPERIENCE / EMPLOYMENT RECORD					
(Please start from present / most recent. You may use the supplementary sheet, if required.)					
COMPONENTS	PRESENT COMPANY			PREVIOUS COMPANY	
Duration of Service	From	02/11/2023	To	1/04/2024	From 7/02/2018 To 02/06/2023
Name of Organization	Anchor Consumer Products PVT LTD			Chalexil PVT LTD	
Address	G.K. Mark Lower Patel (W) Mumbai			Anna Nagar East Chennai	
Department	Sales			Sales	
Designation	ASE			TSI	
Employment Type (Please ✓)	<input type="checkbox"/> Part Time <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contractual			<input type="checkbox"/> Part Time <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contractual	
Reason for Leaving	Career Growth			Best opportunity	
Last Drawn CTC	355000			300000	
Please mention if you have any gaps in employment	Duration	Reason			

Attached Document with This Form:

Aadhar Card (✓)	PAN Card (✓)	Educational Certificate (✓)	School Leaving Certificate ()
Experience Certificate (✓)	Driving License (✓)	Bank Details (✓)	Others ()

DECLARATION

I hereby declare that the above information is true & correct to the best of my knowledge and belief. I understand that if any of the details mentioned herein are found to be incorrect at any time after my appointment; my services are liable to be terminated without notice or compensation in lieu of notice.

Date

Place

X



Signature of Applicant

FORM -'F'

PAYMENT OF GRATUITY ACT. [SEE SUB-RULE (1) of Rule 6] NOMINATION

To,

.....
.....

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

1. Shri/Shrimati... Santosh Kumar Khora
[Name in the here]

Whose particulars are given in the statement below. I 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 the 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 the person (s) mentioned is/are a 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 provision 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) (1)	Relationship with the employee (2)	Age of nominee (3)	Proportion by which the gratuity will be shared (4)
Pooja Shrivastav	wife	32	100 %

STATEMENT

1. Name of the employee in full Santosh Kumar Khare
2. Sex Male
3. Religion Hindu
4. Whether unmarried/married/widow/widower Married
5. Department Branch/Section where employed.....
6. Post held with Ticket No. Serial No. if any.....
7. Date of appointment.....
8. Permanent address EWS-106 Sagar Landmark Ayodhya By Pass Road
Village..... Thana Chola Road Sub Division HUZUR
Post Office Ayodhya Nagar District Bhopal State M.P.
Place- X Santosh
Signature/Thumb Impression
Date..... of the employee

Declaration by witnesses

Nomination signed/Thumb impressed before me

Name in full and full address of witnesses

signature of witnesses

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 authorized
Designation

Name address of the establishment
or rubber stamp there of

Date.....

Acknowledgment by the employee

Received the duplicate of the nomination in Form 'F' Filled by me and duly certified by the employer.

Date.....

X Santosh

Note: Strike out words/paragraph not applicable

Signature of the employee

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

Declaration and Nomination Form under the Employees Provident Funds &
Employees Pension Schemes
(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 & Paragraph 18 of the
Employees Pension Scheme 1995)

1. Name (IN BLOCK LETTERS) Sandeep Brij Khore Khore
Name Father's /Husband's Name Surname
2. Date of Birth : 02/07/1988 3. PF A/c No. _____
4. *Sex: MALE/FEMALE: Male 5. Marital Status Married
6. Address Permanent / Temporary: EWS-106 Sagay Landmark
Ayodhya By Pass Road Bhopal

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 Nominee (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
<u>Pooja Shrivastav</u>	<u>EWS-106 Sagay Landmark Ayodhya By Pass Road</u>	<u>wife</u>	<u>23/01/1991</u>	<u>100 %</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

X



Signature/ or thumb impression
Of the subscriber

PART – (EPS)

Para 18

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 premature death in service.

Sr. No.	Name & Address of the Family Member	Age	Relationship with the member
(1)	(2)	(3)	(4)
1.	Briz Kishor Khare	76	Father
2.	Aruna Khare	65	Mother
3.	Pooja Shrivastav	32	Wife
4.	Poorvi Khare	9	Daughter
5.	Satvik Khare	2	Son

Certified that I have no family as defined in para 2 (vii) of the Employee's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

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

Name and address of the nominee	Date of Birth	Relationship with member
Pooja Shrivastav EWS- 106 Sagar Landmark Arodhya By Pass Road Bhopal	23/01/1991	Wife

Date :

X



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./Miss..... employed in my established after he/ she has read the entries/ the entries have been read over to him/her by me and got confirmed by him/her.

Date:

Signature of the employer or other authorized
Officer of the Establishment

Name & address of the Factory /Establishment

Place:

Date:



New Form : 11 - Declaration Form
(To be retained by the employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Fund Scheme, 1952 (Paragraph 34 & 57) and
Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up Employment in any Establishment on which EPF Scheme, 1952 and for EPS, 1995 is applicable)

1.	Name of Member (Aadhar Name)	Santosh Kumar Khare				
2.	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever applicable)	Brij Kishor Khare				
3.	Date of Birth (dd/mm/yyyy)	02/07/1988				
4.	Gender (Male / Female / Transgender)	Male				
5.	Marital Status ? (Single/Married/Widow/Widower/Divorcee)	Married				
6.	(a) eMail ID	khare.santosh364@gmail.com				
	(b) Mobile No (Aadhar Registered)	9755185823				
7.	Whether earlier member of the Employee's Provident Fund Scheme, 1952 ?	Yes / No				
8.	Whether earlier member of the Employee's Pension Scheme, 1995 ?	Yes / No				
	Previous Employment details ? (If Yes, 7 & 8 details above)					
9.	a) Universal Account Number (UAN)					
	b) Previous PF Account Number					
	c) Date of Exit from previous Employment ? (dd/mm/yyyy)					
	d) Scheme Certificate No (If issued)					
	e) Pension Payment Order (PPO) (If issued)					
10.	a) International Worker	Yes / No				
	b) If Yes, state country of origin (name of other country)					
	c) Passport No.					
	d) Validity of passport (dd/mm/yyyy) to (dd/mm/yyyy)					
	KYC Details : (attach self attested copies of following KYC's) <i>Must Enclose Scan copy for the following documents</i>					
11.	a) Bank Account No. & IFS Code	50100218893702 / HDFC0000400				
	b) AADHAR Number	976906258129				
	c) Permanent Account Number (PAN), If available	JSCPS2612K				
12.	First EPF Member Enrolled Date	First Employment EPF Wages	Are you EPF Member before 01/09/2014	If Yes, EPF Amount Withdrawn?	If Yes, EPS (Pension) Amount Withdrawn?	After Sep 2014 earned EPS (Pension) Amount Withdrawn before Join current Employer?
			Yes / No	Yes / No	Yes / No	Yes / No

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge
- 2) I authorise EPFO to use my Aadhar for verification / authentication / eKYC purpose for service delivery
- 3) Kindly transfer the fund and service details, if applicable, from the previous PF account as declared above to the present PF 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)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date :

Place :

X

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr./Ms./Mrs. Has joined on and has been allotted PF Number
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995: ((Post allotment of UAN) The UAN allotted or the member is)
Please Tick the Appropriate Option : ☐ The KYC details of the above member in the JAN 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 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



Gopal Snacks Limited General Health Insurance Declaration Form

Employee Details:

Employee Name	Santosh Kumar Khare	Gender	Male
Employee ID		Contact No	9755185823
Department	Sales	Email Address	khareSantosh364@gmail.com
Date of Birth	02/07/1988	Job Location	Bhopal

Insurance Coverage Selection: - Individual Coverage

Age Band	Total Premium Amount(Monthly) Salary below 50000 CTC GHI coverage Yearly 1 lac	Total Premium Amount(Monthly) Salary above 50000 CTC GHI coverage Yearly 5 lac
18 yrs. - 35 yrs.	165	338
36 yrs. - 45 yrs.	186	373
46 yrs. - 55 yrs.	274	577
56 yrs. - 60 yrs.	560	1262
61 yrs. - 65 yrs.	560	1262
66 yrs. - 70 yrs.	628	1415
71 yrs. - 75 yrs.	713	1607
76 yrs. - 80 yrs.	763	1719
Above 80 yrs	953	2148

Declaration:

As an employee of Gopal Snacks Ltd, I affirm the following: I am aware of the company's offering of General Health Insurance and have the choice to enroll in the coverage. I confirm that the details I've provided are truthful and comprehensive to the best of my understanding. I comprehend the terms and conditions of the health insurance policy and consent to comply with them. I acknowledge that providing incorrect or deceptive information may result in the termination of my insurance coverage. Additionally, I authorize the deduction of the health insurance premium from my salary as per the company's policy.

×
Employee Signature: 

Date: _____

Note: Your signature on this declaration form signifies your consent to abide by the terms and conditions set forth by Gopal Snacks Limited for General Health Insurance coverage.

In the event of no response within 2 days, it will be presumed that you agreed with the policy and its associated terms and conditions.