

Date - \_\_\_\_\_

## **Tata Code of Conduct – 2015**

I acknowledge that I have received a copy of the Tata Code of Conduct - 2015.

I have read the Tata Code of Conduct - 2015 and I hereby acknowledge that as an employee of a vendor of Tata Communications Ltd. I am required to comply with the guidelines prescribed therein and failure to do so may result in my ceasing working on any projects connected with Tata Communications Ltd. disciplinary action from my employers including termination and, if applicable, any other legal action in the court of law.

I understand that if I have a concern about any violation or a potential violation of the Tata Code of Conduct, I must promptly report the violation to the Ethics Counsellor, Ethics Helpline and/or any other Designated Authority of Tata Communications Ltd. or my employer.

Signature \_\_\_\_\_

Full Name \_\_\_\_\_

Department/Function/BU \_\_\_\_\_

Name and Address of the Vendor/Agency: Lobo Staffing Solutions Pvt.Ltd.  
Prabhadevi Ind. Estate, 212,2nd Floor, V. S. Marg, Opp. Siddhivinayak Temple,  
Prabhadevi, Mumbai 400025.

**CHECK LIST FOR NEW JOINEES**

Employee Name : \_\_\_\_\_  
 Client Name : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Date of Joining : \_\_\_\_\_

SL. No.	PARTICULARS	To be filled by New Employee (Please mention what document Submitted)	To be filled in by HR Department (Please mention what document Received)
1	C. V.		
2	Employee Joining Form:		
3	Duplicate Copy of Offer Letter duly Signed by Prospective Employee		
4	Two (2) Passport Size Colour Photographs & 01 Family Photograph:		
5	Two (2) Reference Names, Designation & Contact No. from Previous Employer:		
6	Photocopies: (All) - Degree Certificate & Mark sheet - SSC / HSC Board Mark Sheet (Please also specify what document has been submitted)		
7	Photo Identity Proof: (Any one of the following) - Valid Passport Photocopy - Driving License Photocopy - Voter Id Card Photocopy (Election Id Card) - Pan Card Photocopy - Adhar Card Photocopy		
8	Residential Address Proof: (Any one of the following) - Telephone Bill - Electricity Bill - Valid Passport Photocopy - Ration Card Photocopy - Latest Lic Premium Receipt - Adhar Card Photocopy		
9	Last Three (03) Months Salary Slip from Previous Employer (Please also specify- what document has been submitted)		
10	Copy of Relieving & Experience Letter from Previous Employer		
11	Last 03 Months Bank Statement of Your Salary A/C of your Previous Employer		
12	Duplicate copy of Appointment Letter duly signed by Prospective Employee		
13	Induction programme conducted		

**PERSON RESPONSIBLE FOR FILLING UP & VERIFYING THE ABOVE**

**[EMPLOYEE]**

Name :

Signature :

Date of Document Submitted :

**[HR Department]**

Name :

Signature :

Date of Document Received :



LOBO STAFFING SOLUTIONS PVT. LTD.

Emp Code : \_\_\_\_\_

## EMPLOYEE JOINING FORM

## Instructions:

- 1.All fields in the form should be filled in capital letters by the candidate in own handwriting.
- 2.Three copies of recent photographs to be submitted.
- 3.One copy of family photograph(either with parents or spouse)

**Mandatory Attested Documents required (Any one of each)**

- 1.Permanent Address Proof : (Ration Card,Electricity Bill,Driving Licence,Tel.Bill,Passport Copy)
- 2.Photo ID : (Passport,Pan Card,Driving Licence,Election Card)
- 3.Age Proof : (Birth certificate,School Leaving Certificate,Pan Card,Passport,Driving License)
- 4.Education Certificate Copy : (Xerox for submission and Original for Verification)

Affix your  
Photograph

## Mandatory Details

## Employee Personal Details

Name of Employee				
Date of Birth/Age	DD/MM/YYYY	Years	Gender (M/F)	M/F
Adhar Card No			Blood Group	
Nationality			Pan Number	
Marital Status	M-Married/U-Unmarried/D-Divorced		Telephone No	
Mobile No			Driving License No	
Email ID			Religion	
Passport No			Caste	
Father's Name			Sub-Caste	

## Contact Details

	Present Address	Permanent Address
Flat/Door No		
Floor		
Premises Name		
Land Mark (Near)		
Location		
Dist, Pin Code		
State		
Telephone No		
Mobile No		
Contact Person Name		

## Bank Account Details

Name as in Bank			
Bank Name		SB A/c No	
IFC Code		MIRC Code	
Bank Branch, Address			

One Cancelled cheque is required along with joining kit

## Family Details

	Name	Date of Birth	Occupation, Contact No
Father		DD/MM/YYYY	
Mother		DD/MM/YYYY	
Spouse		DD/MM/YYYY	
Child 1	M/F	DD/MM/YYYY	
Child 2	M/F	DD/MM/YYYY	

Educational Qualifications			
Exam/Course Name	School / College / University	Year	% or Grade
1.	:		
2.	:		
3.	:		
4.	:		
5.	:		
Details of Work Experience ( <i>Starting With Current Employment</i> )			
Designation	Name of Employer, Office Address, Mo	Date of Joining	Date of Separation
1.			
2.			
3.			
	Previous Employer PF No :		
	Previous Employer ESIC No :		
	Previous Employer UAN No :		
Note : Kindly submit copy of Experience Certificate, Relieving Letter & Previous 3 month salary slip.			
Languages Known			
Languages	Read	Speak	Write
1.			
2.			
3.			
4.			
References (Other than your family members)			
Name		Tel No	Nature of Association
Name, Relation and Address of the person to be contacted in case of any emergency			
Contact Person 1		Contact Person 2	
Name	:		
Address	:		
Mobile No/Tel. No	:		

**Note :** Please note that the submission of document is prerequisite terms and condition of your employment and in case documents are not submitted on time, LOBO STAFFING SOLUTIONS PVT. LTD. can take necessary steps and action as deemed fit for non submission.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

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-----Mentioned-----your-----name-----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 dependant on me.  
(b) my husband's father/mother/parents is/are not dependant 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

**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.

- 1.
- 2.

Signature of witnesses.

- 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

## Background Screening Form

CANDIDATE PERSONAL DETAILS			
<b>Applicant ID:</b>			
<b>Full Name</b>	First	Middle	Last
<b>Former Name(s) / Maiden Name (If applicable)</b>	First	Middle	Last
<b>Father's Name</b>	First	Middle	Last
<b>Address 1:</b>		<b>Current:</b> <input type="checkbox"/>	
<b>Address 2:</b>		<b>Permanent:</b> <input type="checkbox"/>	
<b>Address 3:</b>		<b>Address of Longest Stay in last 7 years:</b> <input type="checkbox"/>	
<b>Gender: Male</b> <input type="radio"/> <b>Female</b> <input type="radio"/>		<b>Date of Birth: (DD/MM/YY)</b>	
<b>Contact number</b>			
<b>PAN Card number</b>			

### EDUCATION HISTORY (Highest Qualification Onwards)

Exam Passed	School/college and address	Board / University affiliate to	Full time/ part time/ Distance	Seat / Roll/ Registration number	Course Start Date	Course End Date	% Achieved

Any other information you would like to provide (if any) : \_\_\_\_\_

#### **Attention:**

- Please mention any details for re examination taken directly from the University or anything else you would like to highlight.
- Please mention if you have attained qualification with correspondence studies and also enclose copy of mark sheet with roll no. clearly indicated.
- Please provide clear copy of the Final Year mark sheet / certificates for the education qualification mentioned above.



## EMPLOYMENT HISTORY 1 (Current Employer)

Company Name :

Address (Main Office and Branch where worked):

Company Board Line Numbers (No Cell Phone numbers accepted)

If Deputed by Agency - Agency name and address

Tel no of the Agency

Employee Code

Designation and Dept

Date of Joining

Date of Leaving

Monthly Gross Salary

Reasons For leaving

Supervisor's Name and Designation

Supervisor's Official Mail ID

Supervisor's direct Line Number and Mobile no.

Any other information you would like to provide:

### Attention:

- Please provide the Employee Code mandatorily and clearly
- Please provide a copy of the last Salary Slip of your Current Employer

## EMPLOYMENT HISTORY 2 (Previous Employer)

Company Name :

Address (Main Office and Branch where worked):

Company Board Line Numbers (No Cell Phone numbers accepted)

If Deputed by Agency - Agency name and address

Tel no of the Agency

Employee Code

Designation and Dept

Date of Joining

Date of Leaving

Monthly Gross Salary

Reasons For leaving

Supervisor's Name and Designation

Supervisor's Official Mail ID

Supervisor's direct Line Number and Mobile no.

Any other information you would like to provide:

**Attention:**

- Please provide the Employee Code mandatorily and clearly
- Please provide a copy of the last Salary Slip of your Current Employer
- Please provide a copy of your Relieving Letter / Service Certificate for Employment mentioned above

### PROFESSIONAL REFERENCE 1

**Reference Name :**

**Reference Relationship with the Candidate:**

**Reference Email ID:**

**Reference Mobile No:**

**Any other information you would like to provide:**

### PROFESSIONAL REFERENCE 2

**Reference Name :**

**Reference Relationship with the Candidate:**

**Reference Email ID:**

**Reference Mobile No:**

**Any other information you would like to provide:**

## Letter of Authorization

To whom it may concern

I hereby authorize **Lobo Staffing Private Limited** and any of its representatives (IVS) to verify all the information provided in my application of employment and to conduct such enquiries as may be required by Lobo Staffing Private Limited to verify facts of such information provided by me. I hereby declare that this authorization shall be valid till such time I remain an employee of Lobo Staffing Private Limited.

I hereby authorize all individuals, Private Establishments, Government establishments/Agencies, Educational institutions who may have information relevant to this enquiry to co-operate to Lobo Staffing Private Limited and/or its representatives such information as may be required. I hereby release Lobo Staffing Private Limited, all its personnel and representatives from any liability which could result, either directly or indirectly, from the disclosure of information by a third party to another party in response to such enquiries.

Signature:

Name in Block Capitals:

Date:



### UNDERTAKING

I, Mr. / Ms.----- would like to state the following:

1. I understand that this Contract is purely on a temporary basis, for a fixed period which is mentioned in my appointment letter which has been duly signed and accepted by me. I have read and understood the terms and conditions of my contractual appointment and under no circumstances I will make any claim for permanency or any other monetary claims from Lobo Staffing Solutions Pvt. Ltd. and also from Tata Communications Ltd.
2. I understand that Lobo Staffing Solutions Pvt Ltd. has deputed me on a contract basis with Tata Communications Ltd. This contractual appoint is between myself and Lobo Staffing Solutions Pvt Ltd. and under no circumstances I would make any demands either from Tata Communications Ltd. or from Lobo Staffing Solutions Pvt Ltd. for permanent appointment/employment.
3. I understand that any software, systems, ideas, concept, designs, documentation or any other material that is produce during the course of the above assignment is legal property of - Tata Communications Ltd. And I shall not have any claims or rights towards the same.
4. I understand that during the course of the above assignment I shall not use any software, systems, ideas, concept, designs, documentation or any other material, belonging to any individual or body corporate, without a prior permission from such individual or body corporate. I will also keep Tata Communications Ltd. Informed prior to such usage.
5. I understand that during the course of the above assignment I shall at all times observe secrecy of and shall not disclose to any third party any information relating to Tata Communications Ltd. Including technical, trade or business data, customer's names/business details or any other information that might come to my knowledge or possession. I shall not disclose nor cause the disclosure of any such data in any manner whatsoever.
6. I understand that among other things, I will have to adhere to Tata Communications Ltd. Policies on ethics, health, security and Environment at all times during my work at Tata Communications Ltd. Offices /Establishments.

The above terms and conditions have been explained to me. I have understood fully and accept the same.

Name of the Employee : - \_\_\_\_\_

Signature : - \_\_\_\_\_

Date : - \_\_\_\_\_

In presence of: - Witness: -

1)

2)



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

1. Name (IN BLOCK LETTERS) : \_\_\_\_\_

Name	Father's / Husband's Name	Surname
------	---------------------------	---------

2. Date of Birth : \_\_\_\_\_ 3. Account No. \_\_\_\_\_

4. \*Sex : MALE/FEMALE: \_\_\_\_\_ 5. Marital Status \_\_\_\_\_

6. 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.

[illegible]

\*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

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.

[illegible]

Certified that I have no family as defined in para 2 (vii) of the Employees'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

Date \_\_\_\_\_

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 establishment 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 authorised officer of the  
establishment

Name & address of the Factory /Establishment

Place :

Date :



Certified that I have no family as defined in para 2 (vii) of the Employees'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

Date \_\_\_\_\_

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 establishment 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 authorised officer of the  
establishment

Name & address of the Factory /Establishment

Place :

Date :

**EMPLOYEES' PROVIDENT FUND ORGANISATION**

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &

Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1.	Name of the member	
2.	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	
3.	Date of Birth: ( DD / MM / YYYY )	
4.	Gender: (Male/Female/Transgender)	
5.	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	
6.	(a) Email ID: (b) Mobile No.:	
7.	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No
8.	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No
9.	<b>Previous employment details: [if Yes to 7 AND/OR 8 above]</b> a) Universal Account Number:	
	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) No. (if issued)	
10.	a) International Worker:	Yes / No
	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.	<b>KYC Details:</b> (attach self attested copies of following KYCs)	
	a) Bank Account No. & IFS Code	
	b) AADHAR Number	
	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/authentication/eKYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, 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 detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date:

Place:

Signature of Member

**DECLARATION BY PRESENT EMPLOYER**

- The member Mr./Ms./Mrs. .... has joined on ..... and has been allotted PF Number .....
- 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 database
    - ☐ Have not been uploaded
    - ☐ Have been uploaded but not approved
    - ☐ Have been uploaded and approved with DSC
- 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 (Form-13) for transfer of funds from his previous establishment.

Date:

Signature of Employer with Seal of Establishment