



Instructions for the Candidate

- All the fields are “MANDATORY”.
- **Joining cum Entitlement Data Form** is a master document; you are required to fill in all the fields in this form. Once you complete the fields, the common field data will automatically get populated in other forms as well
- All unique fields such as Nomination Details, Nomination Percentage etc. has to be filled in each form
- Once completed, review the document and print them.
- You are required to fill **Form 11** (page # 19) along with a self-attested proof.
- Sign the documents at all appropriate places, and follow the next steps as mentioned in page # 20.

JOINING CUM ENTITLEMENT DATA FORM

Personal Information:	Note: All fields are mandatory
Name - (First / Middle / Last):	
Job Title:	
Date of Joining:	
Date of Birth:	
Father's Name:	
Gender:	PAN No:

Present Home Address:	Permanent Home Address:
	Same as Present Home Address
Phone No.(Mobile):	Phone No. (Mobile):
Phone No.(Res):	Phone No. (Res):
E-mail address:	NSR No.:

Emergency Contacts-

Name:	Name:
Address	Address
Phone No.(Mobile):	Phone No.(Mobile):
Phone No.(Res):	Phone No.(Res):
Other Methods of contact:	Other methods of contact :
Relationship to employee:	Relationship to employee:

I, the undersigned, hereby certify and confirm that the information provided above are true to the best of my knowledge and have reported to work on the above date.

Place:

Date:

(Signature of Employee)

For HR Use only-

Employee No allotted: _____



**Hewlett Packard
Enterprise**

LIFE INSURANCE ENROLLMENT FORM

Member Information Form

Name: _____

Address: _____

Date of Birth: _____

Gender: _____

Nominee Details

(If more than One Nominee is there please use the Back of the page to record the same)

Name: _____

Address: _____

Relationship with the Life Assured: _____

Percentage of Sum Assured: _____ %

Is the Nominee a Minor?

If Nominee is a Minor please give details about the Guardian:

Name

I confirm that I am of reasonable sound health. YES NO

I agree to provide proof of age if required by the Insurer. YES NO



Hewlett Packard Enterprise Declaration of the Member

I declare that all the information given by me in this application is true and I have not withheld any material fact, which is within my knowledge. I consent to **Birla Sunlife Insurance** (the "insurer") seeking medical information from any doctor who has attended me at any time concerning my mental or physical health or seeking information from the Company / Group above named for verification of these details given above and I authorize the giving of such information or any changes in the same.

I agree and confirm that these statements and this declaration are the basis of the contract between the insurer and the Company / Group. If any untrue statements are contained herein or there has been any non-disclosure of any material fact, the Policy to be issued by the Insurer in the name of the Company / Group may be treated as void as far as I am concerned.

I confirm that I have read and understood, the Rules of the Group Term Insurance Scheme and the Standard Policy Provisions that govern the Policy to be issued by the Insurer in the name of the Company / Group and on my life, and I agree and confirm that the same shall be binding on me.

I authorize the Company / Group to disclose to the Insurer such particulars as they may require including the details given above and any changes to the same, pay the premium payable on my behalf / collected from me to the Insurer, to file claims on behalf of my nominee/s, to receive and give valid discharge for the amounts paid by the Insurer to the Company / Group on behalf of my nominee/s towards Claim and to distribute the amounts received by the Company / Group to my nominee/s.

Place :

Date :

(Signature of Member)

In case the life to be insured is an illiterate:

His/her thumb impression should be attested by a person of standing whose identity can be easily established, but unconnected with the Insurer and this declaration should be made by him.

'I hereby declare that I have explained the contents of this form to the life to be insured in language and that the life to be insured has fixed the thumb impression above after fully understanding the contents thereof.'

Name and address of the declarant

Signature

Prohibition of Rebates

Section 41 of the insurance act, 1938 states:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

Additional Nominee (If any)



Hewlett Packard Enterprise

General Nomination Form

I, Mr./Ms.....S/D/H of Mr./Ms.....
Working with Global e-Business Operations Private Limited / Hewlett Packard Enterprise India Private Limited /
Hewlett Packard (India) Software Operation Private Limited / Hewlett Packard Enterprise GlobalSoft Private
Limited / Hewlett-Packard Financial Services (India) Private Limited., since.....and residing at
.....
.....

Do hereby nominate the person(s) mentioned below to receive any dues including unpaid salary, leave encashment, incentives, bonus, insurance benefits, any voluntary contributions from company or it's employee's and final settlements etc., payable to me after my death, be paid to the nominees in the proportion indicated against their name(s) here below.

I also, hereby authorize the Company to make necessary adjustments of dues payable by me in my absence from my final settlement and pay the dues if any pay able to me, to my nominee's as indicated.

Nominee Details				
S.No.	Name & Address of the Nominee (In case of minor, indicate Guardian name)	Relationship to the Employee	Age in Years	Share % age of accumulation/dues payable to each nominee
1				
2				
3				
4				
5				
Family means & includes: Spouse, Dependent Children and Parents				

Location:

Date:

Employee Signature:.....

Attestation by Witness:

Name of witnessSignature of witness.....

Address

Endorsement by the Employer:

Certified that the particulars of the above nomination have been verified and recorded in this establishment

Location:

Signature of the Employer/

Date:

Authorized person:



Hewlett Packard Enterprise

U.S. Export Controls on Technology Transfer: Hewlett Packard Enterprise Employee Letter of Assurance

Instructions: If the person you are hiring is NOT a **VTH Restricted Country national**, you must ask the employee to sign the following "Letter of Assurance". If the person you are hiring is a VTH Restricted Country National, follow the instructions in the **VTH Hiring process**.

Hewlett Packard Enterprise Employee Letter of Assurance

I acknowledge that during my work for Hewlett Packard Enterprise I may, directly or indirectly receive or access software and/or technical data which Hewlett Packard Enterprise has classified according to the U.S. Commerce Control List (CCL) as eligible for export under license exemption "Technology and Software Under Restriction" (TSR) to all destinations except those listed below.

I agree not to export or re-export this software and/or technical data or any direct product based on this software or technical data without proper U.S. government authorization to destinations not eligible for exports under license exemption TSR.

According to current U.S export regulations the following countries are not eligible for exports under license exemption TSR. This list is subject to change without notice.

Armenia
Azerbaijan
Belarus
Cambodia
Cuba
Georgia
Iran
Iraq
Kazakhstan
Kyrgyzstan Republic
Laos
Libya
Macao (Macau)
Moldova
Mongolian People's Republic
North Korea
People's Republic of China (PRC)
Russia
North Sudan (Khartoum)
Syria
Tajikistan
Turkmenistan
Ukraine
Uzbekistan
Vietnam

Full Name

Signature

Date

PLEASE HANDOVER THIS COPY TO THE HR DEPARTMENT



Hewlett Packard Enterprise

U.S. Export Controls on Technology Transfer: Hewlett Packard Enterprise Employee Letter of Assurance

Instructions: If the person you are hiring is NOT a **VTH Restricted Country national**, you must ask the employee to sign the following "Letter of Assurance". If the person you are hiring is a VTH Restricted Country National, follow the instructions in the **VTH Hiring process**.

Hewlett Packard Enterprise Employee Letter of Assurance

I acknowledge that during my work for Hewlett Packard Enterprise I may, directly or indirectly receive or access software and/or technical data which Hewlett Packard Enterprise has classified according to the U.S. Commerce Control List (CCL) as eligible for export under license exemption "Technology and Software Under Restriction" (TSR) to all destinations except those listed below.

I agree not to export or re-export this software and/or technical data or any direct product based on this software or technical data without proper U.S. government authorization to destinations not eligible for exports under license exemption TSR.

According to current U.S export regulations the following countries are not eligible for exports under license exemption TSR. This list is subject to change without notice.

Armenia
Azerbaijan
Belarus
Cambodia
Cuba
Georgia
Iran
Iraq
Kazakhstan
Kyrgyzstan Republic
Laos
Libya
Macao (Macau)
Moldova
Mongolian People's Republic
North Korea
People's Republic of China (PRC)
Russia
North Sudan (Khartoum)
Syria
Tajikistan
Turkmenistan
Ukraine
Uzbekistan
Vietnam

Full Name

Signature

Date

EMPLOYEE COPY

Hewlett Packard Enterprise, 2015, This Website contained herein are confidential and Proprietary to Hewlett Packard Enterprise. Unauthorized reproduction or distribution of this website content or any portion of it will result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under the law.



**Hewlett Packard
Enterprise**

Hewlett Packard Enterprise Compliance with Export and Import Regulations

Because Hewlett Packard Enterprise is a U.S.-based international company, our products and services are subject to the export and import laws and regulations of all countries in which we do business. It is Hewlett Packard Enterprise's policy to comply with these laws, to actively pursue business opportunities within these rules, or to work within the system to change them. Ultimately we depend on each employee to protect the trading privileges that our company currently enjoys.

Each Hewlett Packard Enterprise employee is responsible for complying with U.S. export regulations and other national export laws. Processes must be in place to ensure that Hewlett Packard Enterprise does not conduct any business transaction with an unacceptable risk for diversion. Such risks include exporting or re-exporting to an embargoed and sanctioned country, an individual or company on the Government Restricted Parties List, or to a proliferation activity.

It is also the responsibility of each employee to comply with the national import laws of the countries into which Hewlett Packard Enterprise imports material. This includes laws administered by U.S. Customs and Border Protection as well as those of other government agencies that regulate imported goods.

Required Computer – based Training

Each supervisor and manager must ensure that employees understand and comply with export and import regulatory requirements that impact their responsibilities. Hewlett Packard Enterprise employees engaged in export or import compliance related activities are required to complete the Export CBT or Customer CBT as appropriate to their specific job functions. Hewlett Packard Enterprise managers are expected to identify employees with trade-related job functions and ensure that these employees take the training within three months of assuming their export and/or customs compliance-related job. As a refresher, employees should retake this training at least once every three years. Further information can be obtained by reviewing the Global Trade Export and Customs Training (Minimum Requirements) guidelines. Failure to comply with the export and import laws may result in fines, loss or restriction of export or import privileges, adverse publicity for the company, or termination of employment. Further, intentional violation of these laws may be a criminal offense. Any appearance of non-compliance with the trade laws should be reported promptly to local management and Global Trade.

I....., have read and understood the U.S export regulations and other national export laws.

.....
Signature

Date.....



**Hewlett Packard
Enterprise**

UNDERTAKING ON COMPLIANCE WITH PRIVACY OBLIGATIONS AND SHARING OF INFORMATION

I acknowledge and fully understand that Hewlett Packard Enterprise is committed towards safeguarding the privacy and personal information of all its employees, customers and any other individual that it may be engaged with and that Hewlett Packard Enterprise has in place suitable policies towards securing this compliance. I hereby unconditionally confirm to comply with and abide by the requirements of these policies.

I hereby authorize Hewlett Packard Enterprise, including its subsidiaries, affiliated companies, officers, directors, managers, shareholders, agents, employees, attorneys, representatives and assignees, and the employees, agents, attorneys, officers and directors of each of them (collectively "Authorized Parties"), and any other third party acting on the Authorized Parties behalf in accordance with local laws, to request and receive information and records concerning me, in either hard copy or electronic formats, which may include, but will not be limited to, identification, criminal history, driving, employment, military, educational records or other information required by Hewlett Packard Enterprise's policies or consistent with Hewlett Packard Enterprise's regular background screen processes and procedures.

I further acknowledge that any personal or sensitive personal information or data provided by me to the Authorized Parties in the course of my employment at Hewlett Packard Enterprise, may be used by Hewlett Packard Enterprise for the activities and purposes relating to my employment at Hewlett Packard Enterprise. I authorize Hewlett Packard Enterprise to transfer such personal or sensitive personal information or data to a third-party in India or abroad to the extent required to enable such third-party to perform employment-related services for Hewlett Packard Enterprise.

Signature: _____

Name: _____

Date: _____



**Hewlett Packard
Enterprise**

DECLARATION

To
The Manager - Human Resource
Legal Entity :

This is to bring to your notice that I am familiar with the nature of the business of the company and understand that my job might involve working in different shifts, which includes night shifts (from 6:00 PM on the day to 8:00 AM on the next working day).

This was covered to me in the appointment letter whose terms I have read and understood and have agreed to by affixing my signature.

Signature:

Name:

Date:



**Hewlett Packard
Enterprise**

Employee Name:

**To
The Manager – Human Resource
Hewlett Packard Enterprise
India.**

Dear Sir / Madam,

Sub: Undertaking to furnish a copy of the Relieving letter

I hereby represent that I have resigned from my previous employer M/S _____
and was relieved on _____ after clearing my dues/responsibilities. I confirm that I have
not received my relieving letter from _____ yet, for _____
reasons. I hereby undertake to furnish a copy of the Relieving Letter to you immediately upon receipt of the same.

Further I confirm that I was in Employment of _____
as _____ from _____ to _____ and I have
submitted my resignation letter to _____ on _____ (Copy Enclosed).

I am not in direct or indirect employment with any other company / organization and I am not bound by any
agreement/bond restricting me to undertake any other employment and I am entitled to undertake a full-time
employment, as per the terms and conditions of employment dated _____ with **Hewlett
Packard Enterprise**.

Date:

(Signature of Employee)

For HR use only:

Employee No allotted: _____

**The Payment of Gratuity (Central) Rules, 1972
Form 'F'
(See sub Rule (1) of rule 6)**

NOMINATION

To

1. Shri / Shrimati / Kumari(Name in full here) whose particulars are given in the statement below, 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 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 as/are member(s) of my family within the meaning 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 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 address of nominee's	Relationship with employee	Age of the nominee	Proportion by which the gratuity will be shared
1.			
2.			
3.			
4.			
5.			

*Give here name or description of the establishment with full address.



Hewlett Packard Enterprise

The Payment of Gratuity (Central) Rules, 1972

Statement:

1. Name of the employee in full:
2. Gender:
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:

VillageThana.....Sub-division
.....Post office.....
District.....State.....Pin code.....

Place:

Date:

Signature / Thumb-impression of the employee

Declaration by Witness

Nomination signed / Thumb impressed before me,

Name in full and full address of witness

Signature of witness

1.

1.

2.

2.

Place:

Date:

Certificate by Employer

Certified that the particular of the above nomination has been verified and recorded in this establishment

Employers reference No. if any

Signature of the employer / office authorized
Designation

Name and address of the establishment of 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 / paragraph not applicable

(HAND IT OVER TO HR DEPARTMENT)

Hewlett Packard Enterprise, 2015, This Website contained herein are confidential and Proprietary to Hewlett Packard Enterprise. Unauthorized reproduction or distribution of this website content or any portion of it will result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under the law.

**The Payment of Gratuity (Central) Rules, 1972
Form 'F'
(See sub Rule (1) of rule 6)**

NOMINATION

To

1. Shri / Shrimati / Kumari(Name in full here) whose particulars are given in the statement below, 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 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 as/are member(s) of my family within the meaning 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 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 address of nominee's	Relationship with employee	Age of the nominee	Proportion by which the gratuity will be shared
1.			
2.			
3.			
4.			
5.			

*Give here name or description of the establishment with full address.



Hewlett Packard Enterprise

The Payment of Gratuity (Central) Rules, 1972

Statement:

1. Name of the employee in full:
2. Gender:
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.....Pin code.....

Place:

Date:

Signature / Thumb-impression of the employee

Declaration by Witness

Nomination signed / Thumb impressed before me,

Name in full and full address of witness

Signature of witness

1.

1.

2.

2.

Place:

Date:

Certificate by Employer

Certified that the particular of the above nomination has been verified and recorded in this establishment

Employers reference No. if any

Signature of the employer / office authorized
Designation

Name and address of the establishment of 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 / paragraph not applicable

(EMPLOYEE COPY)

Hewlett Packard Enterprise, 2015, This Website contained herein are confidential and Proprietary to Hewlett Packard Enterprise. Unauthorized reproduction or distribution of this website content or any portion of it will result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under the law.



**FORM -2
EMPLOYEES' PROVIDENT FUND ORGANISATION**

(REVISED)

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

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

1	Name (in Block Letters)		7	Permanent Address
2	Father's / Husband's Name (in case of married women)			Temporary Address
3	Date of Birth			
4	Gender			
5	Marital Status			
6	Account No.			

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 & Address of Nominee/s	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 a minor, name relationship and address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5

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.

Signature or thumb impression of the subscriber



**Hewlett Packard
Enterprise**

PART-B (EPS) PARA 18

I hereby furnish below particulars of the member of my family who would be eligible to receive widow/ widower/children Pension in event of my death

S.No.	Name of the family member	Address	Date of Birth	Relationship with the Member
1	2	3	4	5

**Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particular thereon in the above form.

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

Name & address of the nominee	Date of Birth	Relationship with the member

Date:

*Strike out Whichever is not applicable.

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 Sri/ Smt / Kumari employee in my establishment after he/she has read the entries / entries have been read over to him / her by me and got confirmed by him/her.

Signature of the employer / office authorized

Designation

Authorized Signatory

Name and address of the Factory /

Establishment of rubber stamp thereof.

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.	Previous employment details: [if Yes to 7 AND/OR 8 above] 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.	KYC Details: (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

- 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 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 (Form-13) for transfer of funds from his previous establishment.

Date:

Signature of Employer with Seal of Establishment

HR CHECKLIST - NEW EMPLOYEES

Name:

Date:

RETURNABLE DOCUMENTS FROM THE JOINING KIT:

- | | | | |
|---|---|--------------------------|-------|
| ✓ JOINING CUM ENTITLEMENT DATA FORM | : | <input type="checkbox"/> | |
| ✓ LIFE INSURANCE NOMINATION FORM | : | <input type="checkbox"/> | |
| ✓ COMPANY CONFIDENTIAL AGREEMENT | : | <input type="checkbox"/> | |
| ✓ EMPLOYEE LETTER OF ASSURANCE | : | <input type="checkbox"/> | |
| ✓ COMPLIANCE WITH EXPORT AND IMPORT REGULATIONS | : | <input type="checkbox"/> | |
| ✓ DECLARATION FORM (IF APPLICABLE) | : | <input type="checkbox"/> | |
| ✓ THE PAYMENT OF GRATUITY NOMINATION FORM | : | <input type="checkbox"/> | |
| ✓ PF NOMINATION FORM | : | <input type="checkbox"/> | |
| ✓ PF DECLARATION FORM – II | : | <input type="checkbox"/> | |
| ✓ GENERAL NOMINATION FORM | : | <input type="checkbox"/> | |

TO BE SUBMITTED WITH ABOVE DOCUMENTS:

- | | | | |
|---|---|--------------------------|-------|
| ✓ PHOTOGRAPH TWO | : | <input type="checkbox"/> | |
| ✓ COPY OF APPOINTMENT LETTER | : | <input type="checkbox"/> | |
| ✓ COPIES OF EDUCATION CERTIFICATES / MARKS CARD | : | <input type="checkbox"/> | |
| ✓ PROOFS OF PREVIOUS EMPLOYMENT | : | <input type="checkbox"/> | |
| ✓ COPY OF RELIEVING LETTER | : | <input type="checkbox"/> | |
| ✓ DATE OF BIRTH PROOF | : | <input type="checkbox"/> | |
| ✓ NATIONALITY PROOF | : | <input type="checkbox"/> | |
| ✓ PAN CARD COPY & NSR REGISTRATION COPY | : | <input type="checkbox"/> | |

DOCUMENTS TO BE RETAINED BY YOU

- | | | | |
|--|---|--------------------------|-------|
| ✓ PF TRANSFER FORM | : | <input type="checkbox"/> | |
| ✓ COPY OF COMPANY CONFIDENTIAL AGREEMENT | : | <input type="checkbox"/> | |
| ✓ COPY OF EMPLOYEE LETTER OF ASSURANCE | : | <input type="checkbox"/> | |