

JOINING FORMALITIES

Check List			
S. No.	Particulars	Yes	No
1	Resume	<input type="checkbox"/>	<input type="checkbox"/>
2	Education Certificate (Any 1 whichever applicable) *		
a)	X Standard*	<input type="checkbox"/>	<input type="checkbox"/>
b)	XII Standard	<input type="checkbox"/>	<input type="checkbox"/>
c)	Graduation	<input type="checkbox"/>	<input type="checkbox"/>
d)	Post - Graduation	<input type="checkbox"/>	<input type="checkbox"/>
e)	Any other – Please specify	<input type="checkbox"/>	<input type="checkbox"/>
3	Previous Employment Proofs (Any 2 whichever applicable)		
a)	Previous Employment Service certificate	<input type="checkbox"/>	<input type="checkbox"/>
b)	Previous Employment Relieving letter*	<input type="checkbox"/>	<input type="checkbox"/>
c)	Previous Employment Appointment Letter*	<input type="checkbox"/>	<input type="checkbox"/>
d)	Previous Employment Last Drawn Pay slip*	<input type="checkbox"/>	<input type="checkbox"/>
4	ID proof and Address Proof	<input type="checkbox"/>	<input type="checkbox"/>
a)	Copy of PAN Card*	<input type="checkbox"/>	<input type="checkbox"/>
b)	Copy Of Passport	<input type="checkbox"/>	<input type="checkbox"/>
c)	Copy of Aadhar*	<input type="checkbox"/>	<input type="checkbox"/>
d)	Copy Of Voters ID / Driving License (If Available)	<input type="checkbox"/>	<input type="checkbox"/>
e)	Copy Of Ration Card	<input type="checkbox"/>	<input type="checkbox"/>
5	Bank Account Proof (cancelled Chq / Passbook Copy) *	<input type="checkbox"/>	<input type="checkbox"/>
6	Photographs – 2*	<input type="checkbox"/>	<input type="checkbox"/>
7	Visiting Card Size Family Photo – For ESI*	<input type="checkbox"/>	<input type="checkbox"/>
8	For Income tax Purpose: (Above 25,000 gross)	<input type="checkbox"/>	<input type="checkbox"/>
9	Existing ESI No: _____ ESI Dispensary for IP : _____ ESI Dispensary for Family: _____	<input type="checkbox"/>	<input type="checkbox"/>
10	Joining Documents	Filled	Signed
a)	Personal Information Sheet	<input type="checkbox"/>	<input type="checkbox"/>
b)	PF nomination & Declaration Form	<input type="checkbox"/>	<input type="checkbox"/>
c)	ESI form – If applicable	<input type="checkbox"/>	<input type="checkbox"/>
d)	Reference Check Form	<input type="checkbox"/>	<input type="checkbox"/>
e)	Nomination Form	<input type="checkbox"/>	<input type="checkbox"/>
f)	ID Card Form	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Hiring	Completion Of All Above Activities	Name & Signature of Implant HR	
	Yes/No		
For Office Use Only			
Employee ID		Client	
Employee Name		Department	
Date of Joining		Designation	
Location		Sub Location	
Salary / Gross		State	

Personal Information Sheet

For Office Use only:

Affix Recent
Passport size Photo

(In white
Background)

ESI Number		Emp ID	
PF Number		Date of Joining	

Personal Details

Name			
Date of Birth	(DD - MM - YYYY)		
Gender	Male / Female / Others		
Place of Birth			
Religion			
Nationality			
Blood Group			
Father's Name		Date of Birth	
Mother's Name		Date of Birth	
Marital Status	Single / Married / Widow / Separated		
Emp. Date of Wedding	(DD - MM - YYYY)		
Spouse Name		Date of Birth:	Male / Female
Child 1 Name		Date of Birth:	Male / Female
Child 2 Name		Date of Birth:	Male / Female

Address for Correspondence

Present Address		Permanent Address	
Door No		Door No	
Building Name		Building Name	
Street Name		Street Name	
Location		Location	
City		City	
District/Taluk		District/Taluk	
Pin Code		Pin Code	
State		State	

AAPKA POLICYWALA INSURANCE BROKING SERVICES PRIVATE LIMITED

Regd.: 1st Floor, Booth No. 13, Anaj Mandi, Bhattu Mandi, Bhattu Kalan, Fatehabad-125053 (Haryana)
Corporate Office: DSS-121, Ground Floor, Commercial Urban Estate - II, Hisar - 125001 (Haryana)
CIN - U65110HR2023PTC113259 | IRDAI Sr. Number 933 | IRDAI Registration Number IRDAI/DB1058/2023 | GSTIN : 06AAZCA0345A1ZX
www.aapkapolicywala.com | info@aapkapolicywala.com
M.: 8390008390

Ref. Name & Address					
Name		Address: -		Mobile Number: -	
Name		Address: -		Mobile Number: -	
Police Station		Address:			
Contact Details					
Employee			Emergency Contact Person Name:		
Mobile Number			Relationship		
Mobile Number			Mobile Number		
WhatsApp Number			Relationship		
Mail ID			Mobile Number		
Bank Account Details					
Name as per Bank Account					
Name of the Bank			Branch		
Account Number					
IFSC Code					
Personal IDs					
Aadhar Card Number (Mandatory)		Driving License / Voter ID		PAN Card Number	
		ID Number			
		Date of Issue			
		Valid Up to			
Languages Known (Tick Appropriate)					
Mother Tongue					
To Read	<input type="checkbox"/> English	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
To Write	<input type="checkbox"/> English	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
To Speak	<input type="checkbox"/> English	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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Educational Qualification - From S.S.L.C to Highest Degree					
Course	Name of the Institution, Location	University	From - To	% of Marks/ Grade	Specialization
S.S.L.C					
H.S.C					
UG					
PG					
Diploma					
Others					

Previous Employer Details (From Recent to Old)					
Total Years of Experience	_____ yrs. & _____ month				
Name & Address of the company	From (DD - MMM - YYYY)	To (DD - MMM - YYYY)	Designation	Industry	CTC (per Annum)

Reference Details (Previous Employer and/or done education under)			
Reference 1		Reference 2	
Name		Name	
Designation/Position Held		Designation/Position Held	
Name of the Organization & Address		Name of the Organization & Address	
Contact Number		Contact Number	
Years of Acquaintance		Years of Acquaintance	

Declaration by Employee	
<p>I hereby attest that all statements made in this application are true and correct to the best of my knowledge. I understand and agree that any deception, fraud on providing false or misleading statements of material facts in this application may cause the forfeiture of all rights to employment or immediate termination if discovered after employment.</p> <p>I hereby authorize the Company or any third party retained by them to make inquiries, either by written communication, by telephone, online, or in person to any former employer, Government agency, Educational Institution, State Police, Military Establishment or any other persons or institutions knowledgeable of my background as to my prior history, work experience, nature of duties, CTC, performance levels, reliability, responsibility, honesty and any other measures of my character or personality.</p> <p>Date: _____</p> <p>Place: _____</p> <p>Strike out whichever is not suitable</p> <p>* Other than Friends and Relatives</p>	
Signature of the Employee	

Emp ID: _____
(for office use)

DECLARATION FORM

FORM I

To be filled in by the employee after reading instructions
overleaf. Two Postcard Size photographs are to be
attached with this form.

A) INSURED PERSON'S PARTICULARS

B) EMPLOYER'S PARTICULARS

1. Insurance No.				9. Employer's Code No.			
2. Name (in block letters).				10. Date of Appointment			
3. Father's / Husband's Name.				Date	Month	year	
4. Date of birth.				D	M	Y	
5. Marital Status				M / U / W			
6. Sex				M / F			
7. Present Address				8. Permanent Address			
.....						
.....						
.....						
.....						
.....						
.....						
Pin Code				Pin Code			
Email				Email			
Branch Office				Dispensary			
				11. Name & Address of the Employer			
						
						
						
						
				12. In case of any previous employment please fill up the details as under: -			
				a) Previous Ins. No.			
				b) Employer's Code No.			
				c) Name & address of the Employer.			
				Email			
						

(C) Details of Nominee u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules 1950 for payment of cash benefit in the event of death.

Name	Relationship	Address

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the Corporation any changes in the membership of my family within 15 days of such changes.

Counter signature by the employer

Signature/T.I. of IP

Signature with seal

(D) FAMILY PARTICULARS OF INSURED PERSON

S.No.	Name	Date of Birth / Age as on date of filling form	Relationship with the Employee	Whether residing with him/her? Yes No		If 'No', state place of Residence Town State	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

ESI CORPORATION
TEMPORARY IDENTITY CARD

Name			
Ins No.		Date of appointment.	
Branch Office		Dispensary.	
Employer's Code No. & Address			

(Valid for 3 months from the date of appointment)

(Space for photograph)

Validity:

Dated:

Signature/T.I of I.P

Signature of B.M. with seal

INSTRUCTIONS

- Submission of Form-1 is governed by regulations 11 & 12 of ESI (General) Regulations, 1950.
- "Family" means all or any of the following relatives of an Insured Person namely:
(i) a spouse (ii) a minor legitimate or adopted child dependent upon the I.P.; (iii) a child who is wholly dependent on the earnings of the I.P. and who is (a) receiving education, till he or she attains the age of 21 years (b) an unmarried daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependent on the earnings of the I.P. so long as the infirmity continues; (v) dependent parents (Please see Section 2 clause 11 of the ESI Act 1948 for details).
- Identity Card is Non-transferable.
- Loss of identity Card be reported to Employer/Branch Manager immediately.
- Submission of false information attracts penal action under Section 84 of ESI Act, 1948.
- This form duly filled in must reach the concerned Branch Office within 10 days of appointment of an Employee.
Delay attracts penal action under Section 85 of the Act, against employer.
- As an Insured Person you and your dependent family members are entitled to full medical care. The other benefits in cash include
(1) Sickness Benefit (2) Temporary Disablement benefit (3) Permanent disablement Benefit (4) Dependent's benefit and
(5) Maternity Benefit (in case of women employees) subject to fulfillment of contributory conditions.
- For more details please visit website of ESIC at www.esic.org.in or contact Regional office or Branch Office.

FOR BRANCH OFFICE USE ONLY

- Date of Allotment of Ins No: _____
- Date of issue of TIC: _____
- Name/No. of Dispensary: _____
- whether reciprocal medical arrangements involved? If yes, please indicate:

Signature of Branch Manager

S.No.	Name	Date of Birth / Age as on date of filling form	Relationship with the Employee	Whether residing with him/her?		If 'No', state place of Residence	
				Yes	No	Town	State
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Emp ID: _____

FORM -2 (REVISED)

NOMINATION AND DECLARATION FORM

FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form Under the employees' Provident Funds & Employees' Pension Scheme

Date of Joining in _____

EPF _____

EPF 71/EPS _____

SRO/CBE/GR _____

(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 No : _____	
7. Address	
Permanent	: _____
Temporary	: _____

PART - A (EPF)

I hereby nominate the person(s) / cancel the nomination made by 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 the nominee / nominees	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Fund to be paid to each nominee	If the Nominee is a minor, name and relationship & 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.

* Strick out whichever is not applicable.

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

Signature or thumb impression of the subscriber

PART - B (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 death.

S. No.	Name of the family members	Address	Date of Birth	Relationship with the member
1	2	3	4	5
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 particulars thereon in the above form.

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 without leaving any eligible family members for receiving pension.

Name and 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 Shri / Smt. / Kum
 employed 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 or authorized officers of the establishment.

Place :

Designation :

Name & Address of the factory / Establishment or Rubber Stamp there on.



EMPLOYEES PROVIDENT FUND ORGANIZATION
 Employees provident funds scheme, 1952 (paragraph 34 & 57) &
 Employees pension scheme 1995 (paragraph 24)

New Form No.11- Declaration Form

(To be retained by the employer for future reference)

Emp Code: _____

Company: _____

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 end /of EPS1995 is applicable)

1	Name of the member	
2	Father's Name () Spouse's Name () (Please Tick Whichever Is Applicable)	
3	Date of Birth (DD/MM/YYYY)	
4	Gender: (male / Female /Transgender)	
5	Marital Status (married /Unmarried /widow/divorce)	
6	(a)Email ID:	
	(b)Mobile No:	
7*	Whether earlier a member of Employees 'provident Fund Scheme 1952	Yes <input type="checkbox"/> No <input type="checkbox"/>
8*	Whether earlier a member of Employees 'Pension Scheme ,1995	Yes <input type="checkbox"/> No <input type="checkbox"/>
If response to any or both of (7) & (8) above is yes. MANDATORY FILL UP THE (COLUMN 9)		
9	a) Universal Account Number(UAN)	
	b) Previous PF a/c No AP HYD EST.CODE EXTN PF NO.	
	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 <input type="checkbox"/> No <input type="checkbox"/>
	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 (12 Digit)	
	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 / e KYC purpose for service delivery
 - 3) Kindly transfer the funds and service details, if applicable 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 details approved by previous employer has been verified by present employer
 - 4) In case of changes In above details the same Will be intimate to employer at the earliest
- Date: _____
 Place _____

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A) The member Mr./Ms./Mrshas joined onand has been allotted PF Number.....
- B) In case 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.

Emp ID: _____

FORM No. 25

¹[(See Rule 127)]

**FORM OF NOMINATION
FOR EPFO**

I, Mr./Ms hereby
declare that in the event of my death before resuming work, the balance of my
pay due for the period of leave with wages not availed of shall be paid to Mr/Ms
..... who is my
Father / Mother / Husband / Wife / Son / Daughter and resides at,
.....
.....

Witness 1

Name :
Signature :
Address :

Witness 2

Name :
Signature :
Address :

[_____
Signature of the Employee

Name: _____

Date:

Place:

Emp. No. _____

DECLARATION OF NON – AVAILABILITY OF UAN No.

I, Mr./Ms. _____ hereby declare
that I do not have any existing Provident Fund Universal Account Number/UAN No.

Signature of Applicant

Name : _____

Date:

Place: