

Details For ID Card



First Name : VATSAL

Last Name : SHAH

Emergency Contact Number : 6353734602

Blood Group : O+

Date of Birth : 13-11-2000

Date of Joining : 10th - Jan - 2022

Department : COMPUTER



Candidate Information Form (CIF) – eInfochips

Instructions: Please provide all the information requested in this form. Incomplete Candidate Information Forms will be returned for completion. All supporting documents **must** accompany this form. **Legible** photocopies are requested please.

PART A – PERSONAL DETAILS:

Full Name (First/Middle/Last): VATSAL RAJENDRAKUMAR SHAH

Father's Name: RAJENDRAKUMAR

Date of birth (DD/MM/YY): 13-11-2000 Nationality: INDIAN

You're Phone Number (Land Line and/or Mobile): 6353734602

Social Security Number (If worked/studied in the US/Any other Country): _____



Change of Name if Applicable

Former Name/Maiden Name: _____

Date of Name Change: _____

Current Address (Complete details like Door Number, street, locality, etc.,)

A-202, 3rd EYE RESIDENCY ONE, NR. KAMESHWAR
FLATS, NR. SANGATH-4, MOTERA, AHMEDABAD - 380005

☎: (Landline) _____ Period of Stay: 6 YEARS

Permanent Address (Complete information like Door Number, street, locality, etc.,)

A-202, 3rd EYE RESIDENCY ONE, NR. KAMESHWAR
FLATS, NR. SANGATH-4, MOTERA, AHMEDABAD - 380005

☎: (Landline) _____ Period of Stay: 6 YEARS

Note: Please attach a legible photo copy of any one of following documents:

1. Driving License
2. Passport
3. PAN Card



PART B - EDUCATION DETAILS

Highest Education - 1			
Name of the Institute/School/College: <u>SAL INSTITUTE OF TECHNOLOGY & ENGINEERING RESEARCH</u>			
Board/University: <u>GUJARAT TECHNOLOGICAL UNIVERSITY</u>		Division/Class/%: <u>8-98</u>	
Duration of Study (specify month & year): <u>4 YEARS (8 SEMS)</u>		Degree Obtained: <u>ENGINEERING</u>	
Majored in: <u>COMPUTER</u>		Course Type: Regular <input checked="" type="checkbox"/> Distance <input type="checkbox"/>	
Student ID/Enrolment/Registration/Roll No: <u>180670107099</u>			
Address of Institute/School/College	Building No & Street: <u>BHADAJ CIRCLE, SOLA</u>		
	City: <u>AHMEDABAD</u>	State: <u>GUJARAT</u>	
	Pin: <u>380060</u>	Landline: <u>SCIENCE CITY</u>	

Note: Please attach legible photo copies of the following documents relevant to the entries above.

- 1) Mark sheets 2) Degree Certificate 3) Provisional Degree Certificate

Highest Education - 2			
Name of the Institute/School/College :			
Board/University :		Division/Class/% :	
Duration of Study (specify month & year):		Degree Obtained :	
Majored in :		Course Type: Regular <input type="checkbox"/> Distance <input type="checkbox"/>	
Student ID/Enrolment/Registration/Roll No :			
Address of Institute/School/College	Building No & Street:		
	City:	State:	
	Pin:	Landline :	

Note: Please attach legible photo copies of the following documents relevant to the entries above.

- 1) Mark sheets 2) Degree Certificate 3) Provisional Degree Certificate



PART C - PREVIOUS EMPLOYMENT DETAILS

Employment - 1			
Name of Company:			
Company Address (Where you were employed)	Building No & Street:		
	City:	State:	
	Pin:	☎ (Landline):	
Period of employment:		Employee ID:	
Designation & Department:		Last Drawn Salary (CTC):	
Type of Employment: Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Part time <input type="checkbox"/> Full Time <input type="checkbox"/>			
Supervisor's Name & Designation:		Supervisor's Direct Number & Mail Id:	
Can the employer be contacted now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, then provide an alternate date:			
Reason for Leaving:			

Note: Please attach legible photo copies of the following documents relevant to the entries above.
1) Appointment Letter 2) Salary Slip 3) Relieving Letter



Employment - 2			
Name of Company:			
Company Address (Where you were employed)	Building No & Street:		
	City:	State:	
	Pin:	☎ (Landline):	
Period of employment:		Employee ID:	
Designation & Department:		Last Drawn Salary (CTC):	
Type of Employment: Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Part time <input type="checkbox"/> Full Time <input type="checkbox"/>			
Supervisor's Name & Designation:		Supervisor's Direct Number & Mail Id:	
Can the employer be contacted now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, then provide an alternate date:			
Reason for Leaving:			

Note: Please attach legible photo copies of the following documents relevant to the entries above.
1) Appointment Letter 2) Salary Slip 3) Relieving Letter

Employment - 3			
Name of Company:			
Company Address (Where you were employed)	Building No & Street:		
	City:	State:	
	Pin:	☎ (Landline):	
Period of employment:		Employee ID:	
Designation & Department:		Last Drawn Salary (CTC):	
Type of Employment: Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Part time <input type="checkbox"/> Full Time <input type="checkbox"/>			
Supervisor's Name & Designation:		Supervisor's Direct Number & Mail Id:	
Can the employer be contacted now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, then provide an alternate date:			
Reason for Leaving:			

Note: Please attach legible photo copies of the following documents relevant to the entries above.
1) Appointment Letter 2) Salary Slip 3) Relieving Letter



Employment - 4			
Name of Company:			
Company Address (Where you were employed)	Building No & Street:		
	City:	State:	
	Pin:	☎ (Landline):	
Period of employment:		Employee ID:	
Designation & Department:		Last Drawn Salary (CTC):	
Type of Employment: Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Part time <input type="checkbox"/> Full Time <input type="checkbox"/>			
Supervisor's Name & Designation:		Supervisor's Direct Number & Mail Id:	
Can the employer be contacted now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, then provide an alternate date:			
Reason for Leaving:			

Note: Please attach legible photo copies of the following documents relevant to the entries above.
1) Appointment Letter 2) Salary Slip 3) Relieving Letter

Employment - 5			
Name of Company:			
Company Address (Where you were employed)	Building No & Street:		
	City:	State:	
	Pin:	☎ (Landline):	
Period of employment:		Employee ID:	
Designation & Department:		Last Drawn Salary (CTC):	
Type of Employment: Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Part time <input type="checkbox"/> Full Time <input type="checkbox"/>			
Supervisor's Name & Designation:		Supervisor's Direct Number & Mail Id:	
Can the employer be contacted now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, then provide an alternate date:			
Reason for Leaving:			

Note: Please attach legible photo copies of the following documents relevant to the entries above.
1) Appointment Letter 2) Salary Slip 3) Relieving Letter

PART D - REFERENCES

Names of 'Two people' who can be used as references to verify your credentials. (Please DO NOT include family members or friends. References should be college professors / teachers / supervisors / seniors at work, etc...)			
Details		Reference - 1	Reference - 2
Name		JEENYTA PARIKH	HEMALI SHAH
Organization		SAL INSTITUTE OF TECHNOLOGY AND ENGINEERING RESEARCH	SAL INSTITUTE OF TECHNOLOGY AND ENGINEERING RESEARCH
Designation		ASST. PROF.	ASST. PROF
How associated / Known to you		ASST. PROF	ASST. PROF
Years of association		3.5 YEARS	3.5 YEARS
Contact Details	Landline		
	Mobile	9925008095	96242508287
	Address	DEVANAGAN, CG ROAD, AHMEDABAD	



PART E - MISCELLANEOUS

Please tick the appropriate answers.

Have you ever been convicted for felony or any serious crime?

- ☐ Yes
☒ No

If the answer is 'Yes', please provide details on a separate sheet of paper.

Have you ever been "Laid off" or Terminated from employment?

- ☐ Yes
☒ No

If the answer is 'Yes' please provide details below:



Certification by Candidate

I certify that the information provided in this form is true and correct to the best of my knowledge.

I further certify that I have furnished the answers in Part 'E' on my own accord, free of any duress.

I authorize '**eInfochips**' or **its agency** to verify my credentials.

I understand that if any information furnished by me is found to be false, I could be denied employment/be terminated.

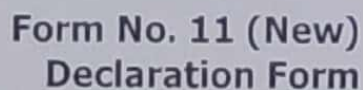
I will cooperate and facilitate the process of verification of my credentials.

Signature of the Candidate

Name: VATSAL SHAH

Place: AHMEDABAD

Date: 24-12-21



Employees' Provident Fund Organization

2

DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1955 IS APPLICABLE.
(PLEASE GO THROUGH THE INSTRUCTIONS)

- IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11&12):

A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

UAN

OR

PREVIOUS PF MEMBER ID

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER

11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER: _____
(B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER: _____**B. OTHER DETAILS**13) INTERNATIONAL WORKER
(PLEASE TICK)

YES	NO
	<input checked="" type="checkbox"/>

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):

13(A) COUNTRY OF ORIGIN (Please Tick)

INDIA	OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)

13(B) PASSPORT NUMBER _____

13(C) PASSPORT VALID FROM

D	D	M	M	Y	Y	Y	Y

To

D	D	M	M	Y	Y	Y	Y

14) EDUCATIONAL QUALIFICATION
(PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/ PROFESSIONAL
				<input checked="" type="checkbox"/>			

15) MARITAL STATUS
(PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE
	<input checked="" type="checkbox"/>		

16) SPECIALLY ABLED
(PLEASE TICK)

YES	NO
	<input checked="" type="checkbox"/>

IF YES, TICK THE CATEGORY

LOCOMOTIVE	VISUAL	HEARING

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*	SHAH VATSAL RAJENDRAKUMAR	30930100014781	BARBOMOTERA
NPR/AADHAAR	VATSAL RAJENDRAKUMAR SHAH	914457498688	
PERMANENT ACCOUNT NUMBER (PAN)	VATSAL RAJENDRAKUMAR SHAH	LFDP58187J	
PASSPORT			Expiry Date
DRIVING LICENCE	VATSAL R SHAH	GJ01 20190029160	25-6-2031
ELECTION CARD	SHAH VATSAL	SGH2807329	
RATION CARD	SHAH VATSAL RAJENDRAKUMAR	127112010100388	
ESIC CARD			

* Mandatory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCS TO AVAL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.

C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995:
- I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.
 - THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS 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 USING HIS DIGITAL SIGNATURE CERTIFICATE).
 - I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE: 24-12-21

PLACE: AHMEDABAD

SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER Mr./Ms./Mrs. _____ HAS JOINED ON _____ AND HAS BEEN ALLOTTED PF MEMBER ID _____
- 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 MEMBER ID 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

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,
e-Infochips Ltd.
11 A-B, Chandra Colony,
Off. C G Road, Ellisbridge,
Ahmedabad

I, Shri/Shrimati/Kumari VATSAL RAJENDRAKUMAR SHAH

(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, 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).

- I hereby certify that 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.
- I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
- (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.
- 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.
- 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
	(1)	(2)	(3)	(4)
1.	NISHA RAJENDRAKUMAR SHAH	MOTHER	47	100%
2.				
3.				
4.				

Statement

1. Name of employee in full VATSAL RAJENDRAKUMAR SHAH
2. Sex MALE
3. Religion HINDU
4. Whether unmarried/married/widow/widower UNMARRIED
5. Department/Branch/Section where employed _____
6. Post held with Employee Code, if any _____
7. Date of appointment _____
8. Permanent address: A-202, 3rd FIVE RESIDENCY ONE, NR.
RAMESHWAR FLATS, NR. SANGATH-4, MOTERA, ABAD-380005
Village _____ Thana _____ Sub-division _____
Post Office SABARMATI District AHMEDABAD State GUJARAT

Place: AHMEDABAD

Date: 24-12-2021

Signature/Thumb-impression of the
Employee

Vatsal

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

1. NISHA RAJENDRAKUMAR SHAH

2. _____

Signature of Witnesses.

1. N. R. Shah

2. _____

Place: AHMEDABAD

Date: 24-12-2021

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: 24-12-2021

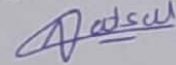
Name and address of the establishment or
rubber stamp thereof.

Acknowledgement by the Employee

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

Date: 24-12-2021

Signature of the Employee

A handwritten signature in blue ink, appearing to read 'A. S. S. S.', is written over a horizontal line.

PREVENTION OF SEXUAL HARASSMENT POLICY

PERSPECTIVE

infochips is committed to providing a work environment that is professional and mature, free from animosity and one that reinforces our value of integrity that includes respect for the individual.

OUR POLICY

- infochips (ei) is an equal opportunity employer.
- All employees are expected to create and maintain a work environment that is respectful of all persons in it.
- We are committed to provide a workplace that is free of sexual harassment and where all employees are treated with dignity.
- Any employee can complain about sexual harassment as per the guidelines laid down in this policy. All complaints will be treated fairly, seriously, with speed and empathy and in confidence.

OBJECTIVE

The Objective of this policy is:

- To define Sexual Harassment
- To provide for an effective complaint redressal mechanism if there is an occurrence of sexual harassment

APPLICABILITY

Applicable to all the employees of infochips who are directly or indirectly associated with the organisation, irrespective of their level, across all offices.

DEFINITIONS

Employee - For the purpose of this policy, the term "employee" means any person on the rolls of infochips; and this would also include persons who are temporary or part time or honorary employees, by whatever name called and would include persons engaged on a casual basis or for project based assignments and/or persons who are engaged through any third-party service providers. This broad definition of 'Employee' used for the purpose of this policy cannot be used to claim rights of an employee conferred by any other law of the land.

"Sexual Harassment" - The definition of "Sexual Harassment" shall include but not be restricted to the following.

Sexual Harassment is such unwelcome sexually motivated behavior (whether directly or by implication) as:

- Physical contact and advances
- A demand or request for sexual favours
- Sexually coloured remarks
- Showing pornography, writing sexually loaded letters/emails/SMSs/MMSs
- Verbal or written sexually suggestive or obscene comments, jokes, or propositions
- Unwanted physical contact, such as touching, grabbing, or pinching
- Continual expression of sexual or social interest after an indication that such interest is not desired
- Conduct with sexual implications when such conduct interferes with the employee's work performance or creates an intimidating work environment
- Suggesting or implying that failure to accept a request for a date or sex would adversely affect the employee in respect to employment, promotion, retention, and compensation or performance evaluation and/or any other unwelcome physical, verbal or non-verbal conduct of sexual nature
- Where the victim has reasonable grounds to believe that his/her objection to such unwelcome behaviour would disadvantage him/her in connection with his/her work including recruitment/employment or allotment of work, promotion or evaluation of his/her engagement in any Company activity.
- Where any such act(s) create an intimidating/hostile/offensive work environment and/or affect the person's work performance.
- Where any other adverse or hostile consequences might occur if the victim does not consent to the conduct in question or raise any objection thereto.

"Complaints Committee" - A Committee formed under this policy to investigate complaints of sexual harassment referred to it and make appropriate recommendations to the relevant management team.

"Management Team" - A Management team refers to the person/s vested with the powers to take appropriate disciplinary action. Details given below in each case.

HARASSMENT BY NON-EMPLOYEES

We will endeavor to protect employees, to the extent possible, from reported harassment by non-employees such as from visitors, vendors and other parties who have workplace contact with our employees.

INTERNAL COMPLAINTS COMMITTEE

Complaints Committee - This committee will receive and investigate into complaints related to sexual harassment and submit its' recommendations to the Management Team. This is a forum of at least 4 persons that will investigate complaints of alleged sexual harassment.

Constitution of the sexual harassment complaints committee - A woman shall head the Complaints Committee. Further, to prevent the possibility of any undue pressure or influence from any quarter, Complaints Committee may want to involve a third party, any external member who is well respected in the community and is knowledgeable on the subject of sexual harassment.

The names of the committee members will be mailed or any other visible and accessible medium of communication such as notice boards etc.

Current committee members are as below

KB	NP	MP	AP	Parishram	Pune-A	Pune-B	Noida	Bengaluru	US-Bay Area & other offices
Girish Gopalani	Parth Vasavada	Xama Mehta	Aarohi Keswani	Pooja Shah	Monika Kojima	Samir Patil	Meetu Sharma	Jacqueline Dolphina	Sarita Khot
Shweta Mishra	Aml Vyas	Dimpal Patel	Bijal Chudgar		Swati Popli	Deepali Shah	Rajendra Pratap	Bhumi Kansara	Avani Patel
Bhavin Patel		Maunik Bhavsar	Manish B Patel		Vishwas Gokhale	Archana Benur		Rahul Arya	Sribash Dey
Chinmayee Joshi (chinmayee_joshi@yahoo.com)									
Aparna Gunjkar									
Saurabh Desai									
Sumit Sethi									
Sujal Shah (sujal@sujalshahassociates.com)									

They can be reached at mail id complaintscommittee@infochips.com

MANAGEMENT TEAM

A Management team refers to the person/s vested with the powers to take appropriate disciplinary action. Management team will consist of

- CEO
- COO

COMPLAINT PROCEDURE

Every employee who feels that he or she has been harassed is strongly urged to immediately bring the subject to the attention of the committee in writing. The committee will investigate inquiries and/or complaints as quickly as possible. Any investigation will be conducted in as confidential manner as is compatible with a thorough investigation of the complaint.

COMPLAINT MECHANISM

- Any employee may lodge a complaint of sexual harassment against any other employee to the chairperson or to any member of the Complaints Committee.
- All complaints will have to be sent in writing and will be dealt with in strict confidence by the committee members.
- The complaints should be sent at the earliest, but preferably within 15 days from the date of occurrence of the alleged incident.
- The chairperson of the committee shall, within 7 working days of the receipt of such a complaint, personally meet or designate a member of the complaints committee to meet the employee who has made the complaint and record the statements made at such meeting. During this meeting the employee is also expected to present any corroborative material/evidence to substantiate the complaint.
- After the meeting with the complainant, and on satisfaction of the existence of a prima facie case of Sexual Harassment, the chairperson shall call for a committee meeting within the next 7 working days.
- During this meeting of the Complaints Committee, the person accused of the harassment will be called. The Complaints Committee will communicate the complaint to the person accused where he/she will be given an opportunity to give his/her views of the situation.
- After having heard both the parties, the Complaints Committee shall thoroughly investigate (meet the complainant, enquire into evidence provided, meet the witnesses, consult with experts etc.) the complaint and make a report of its findings within the next two weeks. This report will be submitted to the Management Team.
- In case the complaint of sexual harassment is proven to be true, the accused person will be subject to strict disciplinary action, up to and including termination of employment.
- In case the complaint registered is found to be frivolous or false or was made with a mischievous intention, the complainant will be liable to face strict disciplinary action up to and including termination of employment.
- Any employee who is a part of the investigations shall not be victimised or subject to any unfavourable treatment.
- The victims of sexual harassment will have the option to seek his/her own transfer.
- Nothing in these guidelines should be taken in any way as a limitation on the powers of the Management Team to decide what disciplinary action(s) is appropriate under given circumstances.

APPEAL PROCEDURE

If the victim of sexual harassment feels unsatisfied with the outcome of his/her complaint by the Complaints Committee, he/she may appeal to the Management Team. The decision of the Management Team will be final and binding on all parties concerned.

CRIMINAL PROCEEDINGS

Where such conduct amounts to a specific offence under the Indian Penal Code or under any other law, it shall support the victim in initiating appropriate action in accordance with law.

EMPLOYEE EDUCATION

- All employees will be made aware of this policy by circulating this policy and ensuring that they have read the same by getting their signoff.
- A copy of this policy will be given to all new employees on joining.
- This policy will also be uploaded on HRMS for ready reference of all employees.


IMPLEMENTATION

This policy will be implemented across the Company with immediate effect.

MY COMMITMENT

I, Mr. /Ms. VATSAL RAJENDRAKUMAR SHAH, as a member of the eInfochips Ltd, have read and understood the Company's Policy to Address Sexual Harassment. I hereby commit to abide by this document in letter and spirit, a copy of which has been made available to me.

VATSAL SHAH
Name


Signature

AHMEDABAD
Place

24-12-21
Date

Note: Each employee is requested to complete this and hand it over duly signed to the HR department (to be retained in the employee file)

PRIVACY POLICY

E-InfoChips ("EL") is committed to respecting the privacy of every person who shares information with EL. Your privacy is important to us and we strive to take reasonable care and protection of the information we receive from you.

This privacy policy ("Privacy Policy") governs the collection, storage, processing, disclosure, and transfer of your Personal Information (as defined below).

The terms 'You' or 'Your' refer to you as the employee of EL or a contractor engaged by EL and the terms 'We', 'Us' and 'Our' refer to EL.

1. CONSENT

- 1.1. By executing either your employment agreement / consultancy agreement with EL, you consent to the collection, storage, processing, disclosure and transfer of your Personal Information, in accordance with the provisions of this Privacy Policy.
- 1.2. You acknowledge that you are providing your Personal Information out of your free will. You hereby consent that the collection, storage, processing, disclosure and transfer of any Personal Information shall not cause any wrongful loss to you if it is done in accordance with the provisions of this Privacy Policy.
- 1.3. Where applicable law specifically allows you to do so, (i) you have the option not to provide us the Personal Information sought to be collected; and (ii) you will also have an option to not provide your consent or withdraw your consent at any point, provided such decision of yours be intimated to us in writing. If you do not provide us with your consent / or provide us your Personal Information or if you withdraw the consent to provide us Personal Information at any point in time, we shall have the option not to fulfill the purposes or provide you with the benefits for which the said Personal Information was sought by EL.

2. CHANGES TO THE PRIVACY POLICY

- 2.1. We may update this Privacy Policy from time to time. When we make any change to this Privacy Policy, You will be informed of such change and the "Updated" date at the bottom of this Privacy Policy will be duly updated. Your continued engagement with us after such changes have been notified to you will be deemed to be your consent to such changes.

3. PERSONAL INFORMATION COLLECTED

- 3.1. The kinds of information that we collect about you include but are not limited to the following:
 - (i) Your name,
 - (ii) Your birth date,
 - (iii) Your phone numbers
 - (iv) Your email address,
 - (v) Your passwords,
 - (vi) Various financial details such as the name of your bank, bank account details,
 - (vii) Your biometric information
 - (viii) Internet Protocol address, browser type, browser language, referring URL, files accessed, errors generated, time zone, operating system and other visitor details collected in our log files,

(Collectively referred to as "Personal Information").

4. USE OF PERSONAL INFORMATION

4.1. Your Personal Information may be used for various purposes including but not limited to the following:

- 4.1.1. In connection with a variety of purposes relating to your employment or engagement by EL, including, but not limited to, background checks; any continuing education requirements or certification requirements; immigration; visa and work permits; recruitment; remuneration; entitlements; benefits; incentives; leave; payroll; pensions; severance; retirement; accounts and expenses; auditing; performance management; appraisals; promotion; surveys; compliance with company policies and internal regulations; sickness; fitness for work; workplace injuries; health and safety; attendance; workers' compensation issues; career development; relocation; assignments; employee transfers; secondments; travel; insurance; business mergers; business acquisitions; business transfers; due diligence; legal, judicial, governmental and regulatory compliance; tax administration and compliance; union membership, representation, consultation and negotiations; contact for work purposes and for emergencies; company events; mentoring; counselling; complaints; employee relations; misconduct; monitoring; investigations; security; e-discovery; collection of evidence; document retention requirements; overseas affiliates' compliance with foreign laws and cooperation with overseas regulators; disciplinary action; termination and post-termination matters; outplacement services; employment certification; employment references; and other purposes related to or connected with the above;
- 4.1.2. To send messages, updates, bulletins;
- 4.1.3. To administer or otherwise carry out our obligations in relation to any agreement you have with us; and
- 4.1.4. To respond to subpoenas, court orders, or legal process, or to establish or exercise our legal rights or defend against legal claims.

(Referred to as "Purpose(s)")

5. **SHARING AND TRANSFERRING OF PERSONAL INFORMATION**

- 5.1. You authorize us to disclose, transfer, share or part with all or any of your Personal Information, across borders and from your country to any other countries across the world with our affiliates / agents / third party service providers / partners / banks and financial institutions for the Purposes specified under this Policy or as may be required by applicable law.
- 5.2. You acknowledge that some countries where we may transfer your Personal Information may not have data protection laws which are as stringent as the laws of your own country. You acknowledge that it is adequate that when EL transfers your Personal Information to any other entity within or outside your country of residence, EL will place contractual obligations on the transferee which will oblige the transferee to adhere to the obligations applicable to EL under the Information Technology (Reasonable security practices and procedures and sensitive personal data or Information) Rules, 2011 ("Data Protection Rules"). In the event that you wish to know the names and addresses of the third parties your Personal Information has been disclosed to, you may request the Company for such information by writing to [legal@einfochips.com].

6. **SECURITY**

- 6.1. The security of your Personal Information is important to us. We have adopted reasonable security practices and procedure to ensure that the Personal Information collected is secure and have a documented information security program and information securing policies available at [click here](#). You agree that such measures are secured and adequate. We restrict access to your Personal Information to our, and our affiliates', employees, agents, third party service providers, partners, and agencies who need to know such Personal Information in relation to the Purposes in this Policy and provided that such entities agree to abide by this Privacy Policy.

- 6.2. While we will endeavor to take all reasonable and appropriate steps to keep secure any information which we hold about you and prevent unauthorized access, you acknowledge that no electronic medium / security measure is 100% (one hundred percent) secure and that we cannot provide any absolute assurance regarding the security of your Personal Information. We will not be liable in any way in relation to any breach of security or unintended loss or disclosure of information caused by us in relation to your Personal Information.

7. ACCESS

- 7.1. If you need to access, review, update, or correct your Personal Information, for any reason, you may contact us at [legal@einfochips.com] and we will take all reasonable efforts to provide you with such opportunity within a reasonable period of time.

8. DATA RETENTION

- 8.1. It is EL's policy to retain Personal Data of both current and former employees and contractors only for as long as EL believes it to be necessary for the Purposes for which the data was collected, subject to any legal requirements for the data to be retained for longer periods of time.

9. GRIEVANCE OFFICER

- 9.1. We have appointed a 'Grievance Officer' to address any concerns or grievances that you may have regarding the processing of your Personal Information. If you have any such grievances, please write to our 'Grievance Officer' at [Sudhir Naik, legal@einfochips.com] and our officer will attempt to resolve your issues in a timely manner.


October 1, 2017

MY COMMITMENT

I, Mr. /Ms. VATSAL RAJENDRAKUMAR SHAH, as a member of the eInfochips, have read and understood the Company's Policy to Privacy. I hereby give my consent to company to use my sensitive personal data and information to allow effective and seamless operations of eInfochips. I here commit to abide by this document in letter and spirit, a copy of which has been made available to me.

VATSAL SHAH

Name


Signature

AHMEDABAD

Place

24-12-2017
Date

Note: Each employee is requested to complete this and hand it over duly signed to the HR department (to be retained in the employee file)

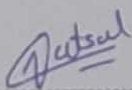
To,
Manager - HR
eInfochips Ltd.
11 A/B, Chandra Colony,
Behind Cargo Motors Off.
C.G.Road, Ellisebridge
Ahmedabad-380006

Subject:- Health Declaration

I hereby declare that I am not suffering from any communicable/infectious diseases, which can cause any harm to any person or affect my performance.

I further undertake that I will inform the organization if any such disease is discovered during routine health checkups that I will undergo on my own from time to time.

I further agree that I will volunteer to undergo medical checkups and tests that my organization may prescribe for me at any time.



(Signature of employee)

Name: VATSAL SHAH

Designation:

Date: 24-12-21

To be filled on the day of joining only

To,
Manager – HR
Einfochips Ltd.
11 A/B, Chandra Colony,
Behind Cargo Motors
Off. C.G. Road, Ellisbridge,
Ahmedabad - 380 006
Gujarat, India

Sub. – Undertaking for pending documents

Dear Sir/Madam,

I VATSAL RAJENDRAKUMAR SHAH joining einfochips as

_____ on _____ at

_____ Office.

At the time of joining I have not submitted following mentioned required documents. I commit to submit the documents within _____ days. In case I fail to do so, I authorize einfochips to take necessary action against me.

Thanks and regards,

Name:

Signature: _____ Date: _____

List of pending documents –

Sr. No.	Details of document