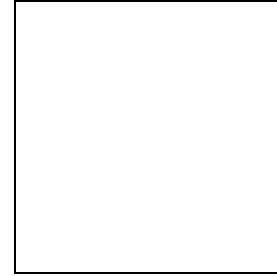


**DATA SHEET FOR PERSONNEL PROFILE**  
(To be filled by the employee at the time of joining)



Employee No : \_\_\_\_\_

Title : Shri./ Smt./ Kum./ Ms.

Middle Name : \_\_\_\_\_

Date of joining : \_\_\_\_\_

Grade : \_\_\_\_\_

Department : \_\_\_\_\_

Basic Salary : Rs. \_\_\_\_\_ (p.m.)

Date of Birth : \_\_\_\_\_

Nationality : \_\_\_\_\_

Religion : \_\_\_\_\_

Marital Status : \_\_\_\_\_

Spouse Name : \_\_\_\_\_

Handicap : Yes / No

Do you have a  
Valid passport : \_\_\_\_\_

Bank A/c No.  
IFSC Code & Branch : \_\_\_\_\_

Identification marks \_\_\_\_\_

First Name : \_\_\_\_\_

Last Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Pan Card No. : \_\_\_\_\_

Location : \_\_\_\_\_

Gross Salary : Rs. \_\_\_\_\_ (p.m.)

Blood Group : \_\_\_\_\_

Home State : \_\_\_\_\_

SC/ST/OBC : \_\_\_\_\_

If M, date of  
Marriage : \_\_\_\_\_

Nature of  
Handicap : \_\_\_\_\_

If yes, date,  
Place of issue &  
Passport No. : \_\_\_\_\_

Food Coupons  
Preferred : \_\_\_\_\_

: 2 :

Emp No : \_\_\_\_\_

Present Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_

Pin : \_\_\_\_\_

Telephone Number : \_\_\_\_\_

Mobile : \_\_\_\_\_

Email-Id : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_

Pin : \_\_\_\_\_

Telephone Number : \_\_\_\_\_

Mobile : \_\_\_\_\_

Alternative/Emergency phone Number : \_\_\_\_\_

**Family Details :**

Name of family members	Date of Birth dd/mm/yy	Sex M /F	Relationship	Occupation

: 3 :

Emp No. : \_\_\_\_\_

**Qualification details (Xth. Std. onwards)**

Qualification	Major Subject	Institute / University	Month & Year Of passing	% of marks	Duration	Rank / Class

**Previous work experience (start with last employment) :**

Name of Organization	<u>Date</u> From To		Last Grade / Designation	Gross salary Last drawn p.m. (Rs)	Reason for leaving

**Languages known (write your mother tongue first) :**

Languages	Speak (Yes / No)	Read (Yes / No)	Write (Yes / No)

**Professional / Academic memberships :**

Association	Type and status of membership

**Have you ever been convicted ? Yes / No (if yes give details) :**


: 4 :

Emp No : \_\_\_\_\_

**References (not of relatives)**

**1. Professional Reference :**

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**2.**

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**Date :**

**Signature of  
the Employee :** \_\_\_\_\_

**Checked By :** \_\_\_\_\_

**Note :**

1. Please substantiate the above information by enclosing Photostat copies of mark sheets, school leaving certificate, experience certificate/s and release order from previous employer.
2. Please attach two coloured passport size photographs.
3. In the case of any change in the above information please inform the HRD Department.

**eMudhra LIMITED****DECLARATION**

Pursuant to sub-section (2A) of Section 314 of the Companies Act, 1956, I hereby declare that I am not related to any Director of this Company as laid down in sub-section (1) of the said Section.

Yours faithfully,

\_\_\_\_\_  
**Signature**

**Name** : \_\_\_\_\_

**Emp No.** : \_\_\_\_\_

I hereby declare that I am related / not related at present to any of the staff member in this Company.

**If related, please give  
Name and relationship**

**Name** : \_\_\_\_\_

**Relationship** : \_\_\_\_\_

\_\_\_\_\_  
**Signature**

**Name** : \_\_\_\_\_

**Emp No.** : \_\_\_\_\_

I, \_\_\_\_\_ do hereby declare that I will faithfully, truly and to the best of my skill and ability, execute and perform the duties required of me as officer / employee of eMudhra Limited (hereinafter referred to as eMudhra L) and which properly relate to the office or position held by me in, or in relation to eMudhra.

I further declare that I will not communicate or allow to be communicated to any person not legally entitled thereto any information relating to the affairs of eMudhra L or to the affairs of any person having any dealing with eMudhra CL nor will I allow any such person to inspect, or have access to any books documents belonging to, or in the possession of eMudhra CL and relating to the business of eMudhra CL or the business of any person having any dealing with eMudhra CL.

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**Signature**

**Signed before me    Designation :**

**As required under Section 4 of  
The Public Financial Institution  
(Obligation as to Fidelity and Secrecy) Act of 1983.**



**eMudhra LIMITED**

**GRATUITY FUND**

Declaration to be signed by every employee eligible to Membership of the Fund

(Vide Rule 29 of the Rules)

I hereby declare that I have read the Rules and Regulations of the Gratuity Fund of eMudhra Limited and that I agree to be bound by them and any subsequent additions to and alterations in the same, from time to time made in pursuance of Rule 26 of the said Rules and Regulations.

Dated \_\_\_\_\_ day of \_\_\_\_\_ 2015.

Name in Full \_\_\_\_\_  
First Name Middle Name Surname

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Day (dd) Month(mm) Year

Nature of Appointment \_\_\_\_\_

Date of Joining Service \_\_\_\_\_  
Day (dd) Month(mm) Year(yy)

Salary/Wages per Month \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_

**eMudhra LIMITED**

**GRATUITY FUND**

**FORM "A"**

**Form of Instruments disposing of the Interest of a Member in eMudhra Limited Gratuity Fund.**

(Vide Rule 20 of the Rules)

I, \_\_\_\_\_  
Hereby declare that the person or persons hereinafter mentioned shall be solely entitled Upon my death to my share in eMudhra Limited Gratuity Fund and accordingly I bequeath the amount which shall be payable on my death by the trustees of such Fund under the Rules of the Fund to the person or persons named and described in Columns 1,2 and 3 of the following Schedule in the shares shown in the Column 4 thereof and I appoint the persons (if any) named and described in Column 5 thereof to receive the shares of any minor benefiting under this Instrument for the purpose of giving a valid discharge thereof.

Name and address Of Beneficiary	Relationship to Member i.e. whether wife / husband child or dependent nomination of any ther person not permitted)	Where a major or minor at this date and if minor, age at this date	Share to go to each Beneficiary	Name and address of persons to whom minor's shares are to be paid
1	2	3	4	5

In Witness whereof the said \_\_\_\_\_ has hereunto set his hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_2013 in such joint presence of self and us who at this request and in such joint presence have hereunto subscribed our names as Witnesses.

1<sup>st</sup> Witness:

2<sup>nd</sup> Witness:

Signature of Member





**FORM OF APPOINTMENT OF BENEFICIARY UNDER THE RULES OF eMudhra**

**LIMITED PERSONAL ACCIDENT INSURANCE SCHEME.**

eMudhra Ltd.

3<sup>rd</sup> Floor, "Sai Arcade", 56, Outer Ring Road,  
Next to Advait Hyundai Show Room,  
Devarabeesanahalli, Bangalore - 560 103, India.

I, \_\_\_\_\_ the Member of The eMudhra Limited  
Personal Accident Insurance Scheme, hereby appoint in terms of the Rule headed  
"APPOINTMENT OF BENEFICIARY" in the Rules governing the Scheme my  
(relationship)\_\_\_\_\_ named \_\_\_\_\_

\_\_\_\_\_ aged \_\_\_\_\_ years and whose address  
in \_\_\_\_\_

\_\_\_\_\_ as the person to whom the moneys payable under the  
Rules of the Scheme shall be Paid in the event of my death.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2015.

\_\_\_\_\_  
Signature of Member

WITNESSED BY:

1. Signature: \_\_\_\_\_

2. Name : \_\_\_\_\_

3. Address : \_\_\_\_\_

1. Signature : \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Address: \_\_\_\_\_