

JOINING MASTER SHEET

Onboarding Checklist - Intern			
Employee Name	First Name JINDE	Middle Name	Last Name VAMSHI
Employee ID			
	MM-DD-YYYY		MM-DD-YYYY
Birth Date	3/20/1999	Date of Joining	7/26/2022
Sl. No.	Documents	Applicability(Tick)	Furnished(Tick)
1	Intern letter		
2	PAN card photocopy		
3	Address proof - Photocopy of any one of the below document * AADHAAR card * Passport * Others		
4	Passport size photographs (2 nos)		
5	Joining Master sheet along with		
	a) Nomination form (Full and Final settlement)		
	b) ESI Scheme Declaration Form		
	c) ISMS Compliance undertaking form		
	d) Pre Employment Medical Fitment		
	e) Acknowledgement - Code of Business Ethics		
	j) Acknowledgment - Anti-Corruption Policy		
	k) Acknowledgement - Equal Opportunity Form		
	l) Blue Book		
I hereby declare that: - Copies of the above documents have been submitted for the purpose of documentation and all originals have been taken back post verification			
x Candidate Signature		Date 7/26/2022	
For HR use only			
Name		Signature	
		Date 7/26/2022	

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Personal Details			
Full Name (as given in your passport with initials expanded)			
First	Middle	Last Name	
JINDE		VAMSHI	
Designation as per offer letter	Band as per Offer letter	Date of Joining	Place of Posting
Analyst	A4	7/26/2022	Mumbai
Marital status: <u>Single</u>		Mobile: <u>9182532198</u> Landline: <u>7659922387</u>	
Marriage Date: _____		Emergency: <u>8978161447</u>	
Gender: <u>Male</u>		Personal Email ID: <u>vjinde202@gmail.com</u>	
Date of birth (MM/DD/YYYY): <u>3/20/1999</u>		Passport No. <u>V1947031</u> Issue Date: <u>6/29/2021</u>	
Place of birth: <u>Adoni</u>		Expiry Date: <u>6/28/2031</u> Passport issued City: <u>VIJAYAWADA</u>	
Birth Country: <u>India</u>		Pan No.: <u>BJIPV4871J</u>	
Nationality: <u>Indian</u>		AADHAAR No.: <u>609223995782</u>	
		"AADHAAR number (for PF/ESI/Statutory purpose only)"	
		Disability/Medical Condition(Yes/No): <u>No</u>	
		(Please refer equal opportunity form)	
		Nature of Disability: _____	

Family Details					
Particulars	Father	Mother	Spouse/Partner	Child 1	Child 2
Full Name	JINDE VAMSHI	REKHA J			
Gender	Male	Female			
Date of Birth	3/20/1999	7/1/1980			

Languages Known			
Language	Read	Write	Speak
English	Proficient	Proficient	Proficient
Telugu	Proficient	Proficient	Proficient
Hindi	Proficient	Proficient	Proficient

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Address details		
	Complete Address	Emergency contact details
Permanent Address	kurnool	Name: JINDE VAMSHI Relationship: Contact Number:
Same as Current Address	Yes	
Current Address	H NO 4/187/18-15 A, Gowlipet, Adoni, ADONI Andhra Pradesh India 518301	Name: J Mahes Relationship: Father Contact Number: 8978161447
Secondary Emergency Address		Name: yashwanth Relationship: friend Contact Number:

Educational Qualifications

Highest Qualification Master's Degree		
College Name & Address	SRI VENKATESWARA COLLEGE OF ENGINEERING	
University Name & Address	Others	
Program: Master of Comp. Apps./ Mgmt.	Period: (MM/DD/YYYY) Start Date: <u>9/16/2019</u> Date of Passing: <u>7/31/2022</u>	
Type of degree: <u>Full Time</u> Specialization: <u>Computers/IT</u>	Percentage/Rank/Grade/Class: <u>79.8</u> Roll/SeatNumber: <u>19BF1F0043</u>	

Other Qualification 1 (If any) :		
College Name & Address		
University Name & Address		
Program:	Period: (MM/DD/YYYY) Start Date: _____ Date of Passing: _____	
Type of degree: _____ Specialization: _____	Percentage/Rank/Grade/Class: _____ Roll/SeatNumber: _____	

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Other Qualification 2 (If any) :	
College Name & Address	
University Name & Address	
Program:	Period: (MM/DD/YYYY) Start Date: _____ Date of Passing: _____
Type of degree: _____ Specialization: _____	Percentage/Rank/Grade/Class: _____ Roll/SeatNumber: _____

Other Qualification 3 (If any) :	
College Name & Address	
University Name & Address	
Program:	Period: (MM/DD/YYYY) Start Date: _____ Date of Passing: _____
Type of degree: _____ Specialization: _____	Percentage/Rank/Grade/Class: _____ Roll/SeatNumber: _____

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Employment Details

Sl.No	Employer Name	Employer Location	Start and End date (MM/DD/YYYY)	Designation	Employment Type (Full/Part Time)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Employee State Insurance Corporation (ESIC)					
	1	2	3	4	5
Nominee Name	J Rekha	J Mahesh			
Relationship	Mother	Father			
Address	4/187/18-15A , Gowlipet, Adoni	4/187/18-15A , Gowlipet, Adoni			
City					
Date of Birth	7/1/1980	5/6/1971			
Age (in years)					
Amount of share of accumulation %	50	50			

Salary/Full & Final settlement /Other dues					
	1	2	3	4	5
Nominee Name	J Mahesh	J Rekha			
Relationship	Father	Mother			
Address	4/187/18-15A , Gowlipet, Adoni	4/187/18-15A , Gowlipet Adoni			
City					
Date of Birth	5/6/1971	7/1/1980			
Age (in years)					
Amount of share of accumulation %	50	50	0	0	0

To be mandatorily filled if the monthly gross salary is less than INR 21,000.

AADHAAR card number of family members to be furnished for purpose of issuance of e-Pehchan card by ESIC

The purpose of requesting Aadhaar number is restricted only for complying with the KYC norms specified by the concerned statutory authorities and for ease of enrollment/membership/transfers/claims etc. related to PF, pension, EDLI, ESI and/or such other benefits as may be applicable to you and as provided under the applicable laws from time to time.



NOMINATION FORM
(To be filled by employee)

I, **JINDE VAMSHI**

Address **H NO 4/187/18-15**

ADONI

(EMP Code)

Andhra Pradesh 518301

India

Nominate the following person/s, to whom in the event of my death the amount towards my Salary/Full and Final settlement/Other dues accrued to me by virtue of my employment with Capgemini Technology Services India Ltd. [Company], will be payable:-

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee	J Mahesh	J Rekha	
Relationship	Father	Mother	
Address of Nominee	4/187/18-15A , Gowlipet, Adoni	4/187/18-15A , Gowlipet Adoni	
% of distribution	50	50	0

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Company's liability and no one party shall have any rights upon the Company w.r.t the aforesaid payments.

This document supersedes all previous agreements in respect of its subject matter and embodies the entire agreement, between me and the Company. There are no oral or written understandings, representations, warranties or commitments of, any kind, express or implied, in relation to the matters dealt with this document that are not expressly set out in this document.

Full Name and Location of Witnesses

1. _____

2. _____

Signature of Witnesses

1. _____

2. _____

Date: **7/26/2022**

Place: **Mumbai**

x
Signature of employee



DECLARATION FORM_FORM 1

Sr.No	Particulars	Fill up by Employee all points is necessary
A	Employee Details	
	* Whether Earlier Member of ESI Scheme (Yes/No)	
	* If Yes, your earlier ESI Number	
	Employee ID	
1	Employee's Full Name	JINDE VAMSHI
2	Father's Name	JINDE VAMSHI
3	Spouse's Name	
4	Gender	Male
5	Date of Birth	3/20/1999
6	Date of Joining	7/26/2022
7	Marital Status	Single
8	Religion	
9	Nationality	Indian
10	Handicap? (YES/NO)	
	If Yes, From date & Certificate	
11	Permanent Address	H NO 4/187/18-15 A, Gowlipet, Adoni,
	Area	
	City	ADONI
	District	
	State	Andhra Pradesh
	Pin Code	518301
12	Temporary Address	H NO 4/187/18-15 A, Gowlipet, Adoni,
	Area	
	City	ADONI
	District	
	State	Andhra Pradesh
	Pin Code	518301
13	STD Code & Telephone Number	7659922387
14	Mobile/Cell Number	9182532198
15	Email ID	vjinde202@gmail.com
16	PAN Number	BJIPV4871J
17	Do you have AADHAAR Card ? (YES/NO)	
	If yes, please mention 16 digits AADHAAR Card No.	609223995782

B) EMPLOYEE'S FAMILY DETAILS							
Sr. No.	Name of Family Member	Relationship	DOB	Whether residing with him/her	If No, state place of residence	Whether AADHAAR available?	If Yes, AADHAAR No.
1	J Rekha	Mother	7/1/1980				
2	J Mahesh	Father	5/6/1971				
3							
4							
5							

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 change.

Signature by Employer

x

Signature of Insured Person/Employee

To be mandatorily filled if the monthly gross salary is less than INR 21,000.

AADHAAR card number of family members to be furnished for purpose of issuance of e-Pehchan card by ESIC

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