

JOINING MASTER SHEET

Onboarding Checklist - Intern				
	First Name	Middle Name	Last Name	
Employee Name	Nithya		Ravi	
Employee ID				
	MM-DD-YYYY		MM-DD-YYYY	
Birth Date	6/2/1994	Date of Joining	7/18/2022	
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 7/18/2022		
For HR use only				
Name		Signature		Date 7/18/2022

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Personal Details			
Full Name (as given in your passport with initials expanded)			
First	Middle	Last Name	
Nithya		Ravi	
Designation as per offer letter	Band as per Offer letter	Date of Joining	Place of Posting
Consultant	B2	7/18/2022	Chennai-PCT
Marital status: <u>Married</u> Marriage Date: <u>1/3/2019</u> Gender: <u>Female</u> Date of birth (MM/DD/YYYY): <u>6/2/1994</u> Place of birth: <u>Vellore</u> Birth Country: <u>India</u> Nationality: <u>Indian</u>		Mobile: <u>8072429995</u> Landline: <u>9094658179</u> Emergency: <u>9094658179</u> Personal Email ID: <u>nithya.ravk@outlook.com</u> Passport No. _____ Issue Date: _____ Expiry Date: _____ Passport issued City: _____ Pan No.: <u>BJSPN6522Q</u> AADHAAR No.: <u>343908122262</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	Ravi K	Allumelu R	Balaji P	Sudeep Krishna B	
Gender	Male	Female		MALE	
Date of Birth	1/4/1967	9/2/1976	3/6/1991	1/31/2020	

Languages Known			
Language	Read	Write	Speak
Tamil	Proficient	Proficient	Proficient
English	Proficient	Proficient	Proficient

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Address details		
	Complete Address	Emergency contact details
Permanent Address	2 /612 Road street Thiruvannamalai 632315 Tamil Nadu India	Name: Balaji Relationship: Contact Number: 9094658179
Same as Current Address	No	
Current Address	No.194 14th Street, Swamy Nagar Vellore Tamil Nadu India 632002	Name: Balaji P Relationship: Husband Contact Number: 9094658179
Secondary Emergency Address		Name: Pandiyan Relationship: Father in law Contact Number:

Educational Qualifications

Highest Qualification Master's Degree	
College Name & Address	VIT University
University Name & Address	VIT University, Vellore
Program: Master of Engg./ Technology	Period: (MM/DD/YYYY) Start Date: <u>11/1/2011</u> Date of Passing: <u>8/1/2016</u>
Type of degree: <u>Full Time</u> Specialization: <u>Software</u>	Percentage/Rank/Grade/Class: <u>8.56</u> Roll/SeatNumber: <u>11MSE0322/061630</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	Lecxe Software Consultants Private	Vellore	10/10/2016 7/15/2022	Software Developer	Full Time
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	Balaji				
Relationship	Spouse - Male				
Address	2 /612 Road street Kizhnagar arani T.k Thiruvannamalai				
City					
Date of Birth	6/3/1991				
Age (in years)					
Amount of share of accumulation %	100	0	0	0	0

Salary/Full & Final settlement /Other dues					
	1	2	3	4	5
Nominee Name	Balaji				
Relationship	Spouse - Male				
Address	2 /612 Road street Kizhnagar arani T.k Thiruvannamalai				
City					
Date of Birth	6/3/1991				
Age (in years)					
Amount of share of accumulation %	100	0	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, Nithya Ravi

Address No.194 14th Street, Vellore (EMP Code)
Tamil Nadu 632002 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	Balaji		
Relationship	Spouse - Male		
Address of Nominee	2 /612 Road street Kizhnagar arani T.k Thiruvannamalai		
% of distribution	100	0	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: 7/18/2022

Place: Chennai-PCT

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	Nithya Ravi
2	Father's Name	Ravi K
3	Spouse's Name	Balaji P
4	Gender	Female
5	Date of Birth	6/2/1994
6	Date of Joining	7/18/2022
7	Marital Status	Married
8	Religion	
9	Nationality	Indian
10	Handicap? (YES/NO)	
	If Yes, From date & Certificate	
11	Permanent Address	No.194
	Area	14th Street, Swamy Nagar
	City	Vellore
	District	
	State	Tamil Nadu
	Pin Code	632002
12	Temporary Address	No.194
	Area	14th Street, Swamy Nagar
	City	Vellore
	District	
	State	Tamil Nadu
	Pin Code	632002
13	STD Code & Telephone Number	9094658179
14	Mobile/Cell Number	8072429995
15	Email ID	nithya.ravk@outlook.com
16	PAN Number	BJSPN6522Q
17	Do you have AADHAAR Card ? (YES/NO)	
	If yes, please mention 16 digits AADHAAR Card No.	343908122262

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	Balaji	Spouse - Male	6/3/1991				
2							
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

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.