|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Onboarding Checklist - Intern** | | | | |
| **Employee Name** | **First Name** | **Middle Name** | **Last 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    7/18/2022  **Candidate Signature Date** | | | | |
| **For HR use only**  7/18/2022  **Name Signature Date** | | | | |

|  |  |
| --- | --- |
| **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: Married  1/3/2019  Marriage Date:  Gender: Female  Date of birth (MM/DD/YYYY): 6/2/1994  Place of birth: Vellore  Birth India  Country:  Indian  Nationality: | 8072429995 9094658179  Mobile: Landline:  9094658179  Emergency:  Personal Email ID: [nithya.ravk@outlook.com](mailto:nithya.ravk@outlook.com)  Passport No. Issue Date:  Expiry Date: Passport issued City:  Pan No.: BJSPN6522Q  AADHAAR No.: 343908122262  “AADHAAR number (for PF/ESI/Statutory purpose only)”  No  Disability/Medical Condition(Yes/No):  (Please refer equal opportunityform)  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** |
| English | Proficient | Proficient | Proficient |
| Tamil | Proficient | Proficient | Proficient |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Address details** | | |
|  | Complete Address | Emergency contact details |
|  | 2 /612 Road street Kizhnagar arani T.k |  |
| Permanent Address  Same as Current Address | Thiruvannamalai 632315  Tamil Nadu India  No | Name: Balaji  Relationship:  Contact Number: 9094658179 |
| Current Address | No.194, 14th Street, Swamy Nagar Otteri  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: 11/1/2011  Date of Passing: 8/1/2016 |
| Full Time  Type of degree:  Software  Specialization: | | Percentage/Rank/Grade/Class: 8.56  Roll/SeatNumber: 11MSE0322/061630 |

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

|  |  |  |
| --- | --- | --- |
| **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: |

**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 Priva | Vellore | 10/10/2016  7/15/2022 | Software Develop | 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

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

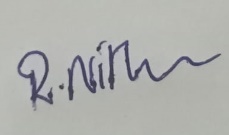
**1.**

**2.**

Date: Place:

7/18/2022

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, 14th Street, Swamy Nagar Otteri Bagayam, Vellore |
| Area |  |
| City | Vellore |
| District |  |
| State | Tamil Nadu |
| Pin Code | 632002 |
| 12 | Temporary Address | No.194, 14th Street, Swamy Nagar Otteri Bagayam, Vellore |
| Area |  |
| 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](mailto: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.  **x**  **Signature by Employer 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.