



KONGSBERG



1. Name:
2. Address:
3. Employee Code:
4. Blood Group:
5. DOB:
6. Signature:

Kongsberg Digital Software And Services Pvt. Ltd .

(Formerly known as Kongsberg Software and Services Pvt. Ltd.)

No 139/26, "Solitaire", 1st Floor, Amarjyothi Layout, Domlur, Koramangala Intermediate Ring Road, Bangalore – 560071.

Board Line: +91 80-46650400 <http://www.kongsberg.com>.

Corporate Identity Number: U72200KA2005PTC037426



KONGSBERG

PERSONAL DETAILS FORM

(Fill all in Capitals)

Title:	Mr		
First name:	Subash		
Last Name:	Raj		
Gender:	Male	Nationality:	Indain
Passport Number:	121212121		
Place of Passport Issue:	Bangalore		
Date of Issue:	01/06/2020	Date of Expiry:	20/06/2020
Marital Status:	Single		
Date of Birth:	14/09/1997	Place of Birth:	Bangalore
Aadhar Card:	121212121212	PAN Card No.:	1212121212
Present Address:	# 123 Fake Street, Fake Main Road, Bangalore-560045, Karnataka India Asia World		
	Solar System Milky way, Universe Multiverse etc and what not.		
		Pin code:	560045
Permanent Address:	# 123 Fake Street, Fake Main Road, Bangalore-560045, Karnataka		
		Pin code:	560045
E-mail (Personal):	admin@kdi.com		
Mobile:	8553176223		

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No. of Dependents: 1 (Please fill in details below)

Name	Relationship	DOB	Age
someone	someone	12/12/1998	21

EMERGENCY CONTACT DETAILS: (Please write details of **2** close relatives in capital letters)

Name: contact1

Address: address1

Relationship to you: relation1

Home phone: N/A Mobile: 1212 Work: N/A

Name: contact2

Address: address2

Relationship to you: relation2

Home phone: N/A Mobile: 1212 Work: N/A

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New Form No.-11 – Declaration Form
(To be retained by the employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANISATION
Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1.	Name of the member	Subash Raj	
2.	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	R Bakthavachalam	
3.	Date of Birth: (DD / MM / YYYY)	14/09/1997	
4.	Gender: (Male/Female/Transgender)	Male	
5.	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	Single	
6.	(a) Email ID: (b) Mobile No.:	subash@gmail.com 12222	
7.	Whether earlier a member of Employees' Provident Fund Scheme, 1952	NO	
8.	Whether earlier a member of Employees' Pension Scheme, 1995	NO	
9.	Previous employment details: [if Yes to 7 AND/OR 8 above]		
	a) Universal Account Number:		
	b) Previous PF Account Number:		
	c) Date of exit from previous employment: (DD/MM/YYYY)		
	d) Scheme Certificate No. (if issued)		
10.	e) Pension Payment Order (PPO) No. (if issued)		
	a) International Worker:		
	b) If yes, state country of origin (India/Name of other country)		
	c) Passport No.		
11.	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]		
	01/06/2020 20/06/2020		
	KYC Details: (attach self attested copies of following KYCs)		
11.	a) Bank Account No. & IFS Code		
	1212121212		
	b) AADHAR Number		
11.	1212121212		
	c) Permanent Account Number (PAN), if available		
11.	1212121212		

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/eKYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account.
(The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date:
Place:

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- The member Mr./Ms./Mrs. Subash Raj has joined on and has been allotted PF Number
- 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
- In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
 - The above PF Account number/UAN 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

The Karnataka Payment of Gratuity Rules, 1972
F O R M - 'F'

[See sub-Rule (1) of Rule 6]
Nomination

To

1. Shri / Shrimati / Kumari Subash Raj
(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).
2. I hereby certify that the person(s) mentioned is a /are member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act, 1972.
3. I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
4. (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.
5. I have excluded my husband from my family by a notice dated the N/A to the Controlling Authority in terms of the proviso to clause (h) of Section 2 of the said Act.
6. 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. somone : somewhere	something	12	100.0
2.			
3.			
4.			

Statement

Name of employee in full:	Subash Raj
Sex:	Male
Religion:	Atheist
Whether unmarried/married/widow/widower:	Single
Department/Branch/Section where employed:	Bangalore
Post held with Ticket No. or Serial No. if any:	
Date of appointment:	08/06/2020
Permanent address:	# 123 Fake Street, Fake Main Road, Bangalore-560045, Karnataka 560045

Village
Post Office Arabic College Post Office

Thana
District Bangalore

Sub-Division
State Karnataka

Place:

Date: Signature/Thumb impression of the employee

Declaration by witnesses:

Nomination signed/thumb impressed before me:

Name in full and full address

Signature of witnesses: Of witnesses:

1.

1.

2.

2.

Place:

Date:

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 Authorized

Darshini Singh
Senior HR Generalist
Kongsberg Digital Software and Services Pvt. Ltd.,
No 139/26, "Solitaire", 1st Floor,
Amarjyothi Layout, Domlur,
Inner Ring Road, Bangalore – 560 071.

Date:

Acknowledgement by the Employee

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

Date

Signature of the employee

Note: Strike out the words / paragraphs not applicable

FORM I

[See sub-rule (1) of rule 3]

Nomination

To

I. ^{Subash Raj}.....(name in full here) whose particulars are given in the statement below hereby nominate the person mentioned below to receive all amounts payable to me a wages if such amounts could not or cannot be paid on account of my death before the payment of an account of my whereabouts not being known.

2. I hereby certify that the person nominated by me is a member of my family within the meaning of Cl. (d) of Rule 2 of the Payment of Undisbursed Wages (Mines) Rules, 1989.

3. I hereby declare that I have no family within the meaning of Cl. (d) of Rule 2 of the said rules and should I acquire a family hereafter, the above nominations shall be void and in that event I shall make a fresh nomination in Form II.

4. (a) My father / mother / parents is / are not dependent upon me.

(b) My husband's father / mother / parents is / are not dependent on my husband.

Nominee

Name and address of the Nominee	Nominee's relationship with the employed person	Age of nominee
1	2	3
1 someone : somewhere	something	32
2		

Statement

Name of the employed person in full	Subash Raj
Sex	Male
Religion	Atheist
Whether unmarried / married widow / widower	Single
Department / Branch / Section where Employed	Bangalore
Post held with ticket number or serial Number if any	
Date of appointment	08/06/2020
Present address	# 123 Fake Street, Fake Main Road, Bangalore-560045, Karnataka India Asia World Solar System Milky way, Universe Multiverse etc and what not 560045
Permanent address	# 123 Fake Street, Fake Main Road, Bangalore-560045, Karnataka 560045

Place.....

Date.....

Signature / thumb impression of the
employed person

Declaration by witnesses

Nomination signed / thumb-impression before me

Name in full and full address

1.

2.

Place:

Date:

Signature of witnesses

1.

2.

Certificate by the employer

Certificate that the particulars of the above nomination have been verified and recorded
in the register of nomination in Form IV at serial number.....

Signature of the employer /Officer authorized.

Darshini Singh
Senior HR Generalist
Kongsberg Digital Software and Services Pvt. Ltd.,
No 139/26, “Solitaire”, 1st Floor,
Amarjyothi Layout, Domlur,
Inner Ring Road, Bangalore – 560 071.

Place.....

Date.....

Acknowledgement of the employed person

Received the duplicate copy of the nomination in Form I filled by me and duly certified
by the employer.

Place.....

Signature of the employed person

Date.....

Note: Strike out the words and paragraphs not applicable

Form Q

[See Rule 24(9A)]

APPOINTMENT ORDER

1. Name & Address of Establishment.	Kongsberg Digital : No 139/26, Solitaire, 1st Floor, Amarjyothi Layout, Domlur, Koramangala Intermediate Ring Road, Bengaluru, Karnataka 560071
2. Name & Address of the Employer.	Dharshini : No 139/26, Solitaire, 1st Floor, Amarjyothi Layout, Domlur, Koramangala Intermediate Ring Road, Bengaluru, Karnataka 560071
3. Name of the Employee.	Subash Raj
4. His / Her Postal Address.	# 123 Fake Street, Fake Main Road, Bangalore-560045, Karnataka 560045
5. His / Her Permanent Address.	# 123 Fake Street, Fake Main Road, Bangalore-560045, Karnataka 560045
6. Father / Husband Name.	R Bakthavachalam
7. Date of Birth.	14/09/1997
8. Date of his / her entry into employment.	08/06/2020
9. Designation.	
10. Nature of work entrusted to him / her.	Something
11. His / Her serial number in the register of employment.	1234
12. Rate of wages payable to him / her.	1. Basic 2. VDA 3. Other Allowances if any 4. Total
Place.	
Date.	Signature of Employer.
Acknowledgement by the employee with Date and signature.	Seal of the Establishment.