

Emp ID

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ANNEXURE – C

NCR Corporation India Pvt. Ltd.

Joining Form

Name: _____

Designation: _____

Business Unit: _____

I hereby declare that I have joined NCR Corporation India Pvt. Ltd. On _____

Signature: _____

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(Private and Confidential)

APPLICATION FOR EMPLOYMENT

Photograph

Post Applied For: _____

PERSONAL PARTICULARS:

Name:

Present address :	Permanent address :
Tel.No: Email:	Tel.No: Email:

Date Of Birth:

Marital Status:	Single / Married
------------------------	------------------

Language Proficiency:	Read	Write	Speak

EDUCATION AND TRAINING:

Academic Qualification (in chronological order)	Date Joined	Date Left	Name Of The School / Institution

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EMPLOYMENT HISTORY

Name Of The Employer	Date Joined	Date Left	Last Designation	Reason Leaving	For	Salary

MEMBERSHIP OF PROFFESIONAL BODY / ASSOCIATION

Name Of The Professional Body/ Association	Date Joined	Date Left	Positions Held, If Any

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FAMILY DETAILS

Name	Age (yrs.)	Relationship	Occupation	DOB

REFERENCES (Please provide two references who are not your relative and know to you Professionally)

Reference (1)	Reference (2)
<p>Tel.No:</p> <p>Email:</p>	<p>Tel.No:</p> <p>Email:</p>

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OTHER INFORMATION

(If answer to the question is 'YES', Please Give details in space provided)

A) Do you have any relatives or friends working for NCR Corporation or any of its subsidiary in India or in any part of world?	YES / NO
B) Have you ever been charged, detained, convicted or are you currently under investigation by any court of law in any country?	YES / NO
C) Have you ever been dismissed or suspended from employment?	YES / NO
D) Balance period of service/Bond, if any, with the present employer	YES / NO

I, Solemnly affirm that particulars furnished herein above are true to the best of my knowledge and belief. I accept that this will form the basis of my contract of employment with NCR Corporation India Pvt. Ltd. I agree that if I am employed and if at any future date, any of the particulars are found to be untrue or incorrect in any material respect, the company shall have the right to terminate my employment without any notice or payment in lieu thereof.

Place:

Date :

(Signature of the applicant)

Employee ID

Note: WHOM YOU CAN NOMINATE

(A) UNDER THE EMPLOYEES' PROVIDENT FUND SCHEME

- (1) A member of Employees' Provident who is married and / or his father /mother is / are dependent upon him can nominate only one or more persons belonging to his family as defined below:
 - a) In the case of a male member, his wife, his children, his dependent parents and his deceased son's widow and children;
 - b) In the case of a female member, her husband, her children, her dependent parents, her husband's dependent parents, her deceased son's widow and children.
- (2) If the member has got no family, or is a bachelor nomination may be in favour of any person or persons, whether related to him or not or even to an institution. If the member subsequently acquires a family, such nomination shall forthwith become invalid and the member should make a fresh nomination in favour of one or more persons belonging to his family.

(B) UNDER THE FAMILY PENSION SCHEME:

On the death of a member of the Family Pension Scheme, his family will be entitled to the benefits under the Family Pension Scheme. The family is defined as under:-

- a) Wife in the case of a male member;
- b) Husband in the case of a female member, and
- c) Minor sons and unmarried daughters.

Explanation: The expression "sons" and "daughters" shall include children adopted legally before death in service.

If the member has got no family, the monthly family pension, on the death of the member, will not be paid. However, Life Assurance Benefit will be paid to the person or persons entitled to receive his provident fund accumulations.

Employee ID
EPS NOMINATION FORM – FORM 2

1. Name (in block letters) :
2. Father's /Husband's Name :
3. Date of Birth :
4. Marital Status :
5. Date of Joining :
6. EPS Number : KN/1934/_____

7. Permanent Address

PART – B (EPS) (Para 18)

I hereby furnish below particulars of the member of my family who would be eligible to receive widow/children pension in the event of my death.

Sr no	Name of the Family Member	Address	Date of Birth	Relationship with the Member

* Certified that I have no family as defined in para 2 (vii) of the Employees Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form

I hereby nominate the person for receiving the monthly widow pension (admissible under para 16 2(a)(i) and (ii) in the event of my death without leaving any eligible family member for receiving pension.

Sr no	Name and Address of the Nominee	Date of Birth	Relationship with the Member

Date :

Place :

Signature/ or thumb impression of the subscriber

*Strike out whichever is not applicable

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri/Smt./Kum. _____ employed in my established after he/ she has read the entries/ the entries have been read over to him/her by me and got confirmed by him/her.

Place: _____

Signature of the employer or other authorized
Officer of the Establishment

Designation:

Name & address of the Factory /Establishment or
rubber stamp thereof

Employee ID

ANNEXURE'D'
FORM-2 (REVISED)

**NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form under the Employees Provident Funds

(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 & Paragraph 13 of the Employees' Pension Scheme, 71)

- | | |
|------------------------------------|----------------------|
| 1. Name (in block letters) : | 7. Permanent Address |
| 2. Name Father's /Husband's Name : | _____ |
| 3. Date of Birth : | _____ |
| 4. Employee ID : | _____ |
| 5. Date of Joining : | _____ |
| 6. Marital Status : | _____ |

PART – A (EPF)

I hereby nominate the person (s)/ cancel the nomination made by me previously and nominate the person (s) mentioned below to receive the amount standing to my credit in the Employees Provident Fund, In the event of my death.

Name & Address of the Nominee (s)	Nominee's relationship with the member	Date of Birth & Age of Nominee (s)	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is Minor, name and address of the guardian who may receive the amount during the minority of the nominee
(1)	(2)	(3)	(4)	(5)

* Certified that I have no family as defined in para 2 (g) of the Employees Provident Fund Scheme 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.

*Certified that my father/mother is/are dependent upon me.

*Strike out whichever is not applicable

Signature/ or thumb impression of the subscriber

Employee ID**PART – 5 (EPF)**

I hereby furnish below particulars of the members of my family who would be eligible to receive Family Pension & Life Assurance benefits in the event of any premature death in the service.

Name & Address of the Nominee	Date of Birth & Age of Nominee	Relationship with the member

*Certified that I have no family as defined in para 2 (b) of the Employee's Family Pension Scheme, 1971 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

Date: _____

*Strike out whichever is not applicable

Signature/ or thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri/Smt./Kum. _____ employed in my established after he/ she has read the entries/ the entries have been read over to him/her by me and got confirmed by him/her.

Signature of the employer or other authorized
Officer of the Establishment

Place: _____

Designation:
Name & address of the Factory /Establishment or
rubber stamp thereof

Date: _____

Employee ID

Note: WHOM YOU CAN NOMINATE

(A) UNDER THE EMPLOYEES' PROVIDENT FUND SCHEME

- (1) A member of Employees' Provident who is married and / or his father /mother is / are dependent upon him can nominate only one or more persons belonging to his family as defined below:
 - a) In the case of a male member, his wife, his children, his dependent parents and his deceased son's widow and children;
 - b) In the case of a female member, her husband, her children, her dependent parents, her husband's dependent parents, her deceased son's widow and children.
- (2) If the member has got no family, or is a bachelor nomination may be in favour of any person or persons, whether related to him or not or even to an institution. If the member subsequently acquires a family, such nomination shall forthwith become invalid and the member should make a fresh nomination in favour of one or more persons belonging to his family.

(B) UNDER THE FAMILY PENSION SCHEME:

On the death of a member of the Family Pension Scheme, his family will be entitled to the benefits under the Family Pension Scheme. The family is defined as under:-

- a) Wife in the case of a male member;
- b) Husband in the case of a female member, and
- c) Minor sons and unmarried daughters.

Explanation: The expression "sons" and "daughters" shall include children adopted legally before death in service.

If the member has got no family, the monthly family pension, on the death of the member, will not be paid. However, Life Assurance Benefit will be paid to the person or persons entitled to receive his provident fund accumulations.

Employee ID

ANNEXURE'D'
FORM-2 (REVISED)

**NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form under the Employees Provident Funds

(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 & Paragraph 13 of the Employees' Pension Scheme, 71)

- | | |
|-----------------------------------|----------------------|
| 1. Name (in block letters) : | 7. Permanent Address |
| 2. Name Father's /Husband's Name: | |
| 3. Date of Birth : | _____ |
| 4. Employee ID : | _____ |
| 5. Date of Joining : | _____ |
| 6. Marital Status : | _____ |

PART – A (EPF)

I hereby nominate the person (s)/ cancel the nomination made by me previously and nominate the person (s) mentioned below to receive the amount standing to my credit in the Employees Provident Fund, In the event of my death.

Name & Address of the Nominee (s)	Nominee's relationship with the member	Date of Birth & Age of Nominee (s)	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is Minor, name and address of the guardian who may receive the amount during the minority of the nominee
(1)	(2)	(3)	(4)	(5)

* Certified that I have no family as defined in para 2 (g) of the Employees Provident Fund Scheme 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.

*Certified that my father/mother is/are dependent upon me.

*Strike out whichever is not applicable

Signature/ or thumb impression of the subscriber

Employee ID**PART – 5 (EPF)**

I hereby furnish below particulars of the members of my family who would be eligible to receive Family Pension & Life Assurance benefits in the event of any premature death in the service.

Name & Address of the Nominee	Date of Birth & Age of Nominee	Relationship with the member

*Certified that I have no family as defined in para 2 (b) of the Employee's Family Pension Scheme, 1971 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

Date: _____

*Strike out whichever is not applicable

Signature/ or thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri/Smt./Kum. _____ employed in my established after he/ she has read the entries/ the entries have been read over to him/her by me and got confirmed by him/her.

Signature of the employer or other authorized
Officer of the Establishment

Place: _____

Designation:
Name & address of the Factory /Establishment or
rubber stamp thereof

Date: _____

Employee ID
EPS NOMINATION FORM – FORM 2

- | | | |
|-----------------------------|-----------------|----------------------|
| 1. Name (in block letters) | : | 7. Permanent Address |
| 2. Father's /Husband's Name | : | _____ |
| 3. Date of Birth | : | _____ |
| 4. Marital Status | : | _____ |
| 5. Date of Joining | : | _____ |
| 6. EPS Number | : KN/1934/_____ | _____ |

PART – B (EPS) (Para 18)

I hereby furnish below particulars of the member of my family who would be eligible to receive widow/children pension in the event of my death.

Sr no	Name of the Family Member	Address	Date of Birth	Relationship with the Member

* Certified that I have no family as defined in para 2 (vii) of the Employees Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form

I hereby nominate the person for receiving the monthly widow pension (admissible under para 16 2(a)(i) and (ii) in the event of my death without leaving any eligible family member for receiving pension.

Sr no	Name and Address of the Nominee	Date of Birth	Relationship with the Member

Date :

Place :

Signature/ or thumb impression of the subscriber

*Strike out whichever is not applicable

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri/Smt./Kum. _____ employed in my established after he/ she has read the entries/ the entries have been read over to him/her by me and got confirmed by him/her.

Place: _____

Signature of the employer or other authorized
Officer of the Establishment

Designation:
Name & address of the Factory /Establishment or
rubber stamp thereof

**FORM OF NOMINATION
EMPLOYEES' GROUP GRATUITY FUND**

(Name of Fund)

1. Name : _____
(IN BLOCK LETTERS) FATHER'S/ HUSBAND'S NAME SURNAME

2. Sex : Male / Female _____ 3. Emp. No _____

4. Religion _____

5 Marital Status _____ Unmarried, Married, Widow or Widower)

6.Date of birth: Day _____ Month _____ Year _____ Age _____ Yrs _____.

7. Permanent Address : _____

I hereby nominate the person(s): cancel the nominations made by me previously and nominate the person (s) mentioned below to receive the Amount of Gratuity in the event of my death before that amount becomes payable, or having become payable, has not been paid, and direct that the said amount shall be distributed among the said person(s) in the manner shown against their names :

Name and Address of nominee or nominees (1)	Nominee's relationship with the employee (2)	Age of Nominees (3)	Amount of Gratuity to be paid in each Nominee (4)

- *1. Certified that I have no family as defined in Section 2 (h) of the Payment of Gratuity Act, 1972 and should I acquire a family hereafter, the above nominations should be deemed as cancelled.
- *2. Certified that my father/mother/sister(s)/minor brother(s) is/are dependent upon me.
- *3. I have excluded my husband from my family by a notice dated _____ to the controlling authority in terms of the Proviso to Section 2(h) of the Payment of Gratuity Act, 1972

Dated this _____ day of _____ 200_____ at _____

Two Witnesses to signature :

1. _____

2. _____

x
Signature of employee

Certified that the above nomination has been signed by Shri/Smt _____ and the same have been verified and recorded in this establishment.

Date _____

For _____

Signature of the Employer
NCR Corporation India Pvt Ltd

*Delete the inapplicable words.

*This column should be filled in so as to cover the whole of the amount of Gratuity that may be payable in the event of his death.

ACKNOWLEDGEMENT BY THE EMPLOYEE

Received the duplicate copy of nomination form filled by me & duly certified by the employer

DATE _____

Signature of the employee

JOINING DOCUMENTS CHECKLIST			
Employee Name:		Date of Joining:	
BU Name:		Team Name:	
Manager's/ Project Lead's/ Team Lead's Name (as applicable):			
S. No.	Description	Ownership	Status
Mandatory Documents			
1	Copy of 10 th Marksheet/ Certificate	Employee	
2	Copy of 12 th Marksheet/ Certificate	Employee	
3	Copy of Highest Education Degree/ Diploma	Employee	
4	Release letter from previous employer or acceptance of resignation (hard copy) & declaration for non-dual employment	Employee	
5	Copy of Passport/ Address Proof(Ration card, Voters ID card)	Employee	
6	Copy of Pan Card	Employee	
7	Photographs (5)	Employee	
Internal			
8	Resume	TAC	
9	Interview evaluation sheet with interviewers comments	TAC	
10	Accepted/ Acknowledge offer letter	TAC	
11	Medical Test Report (to be submitted within 7 days of DOJ)	TAC	
12	Background Verification Report (to be submitted within 7 days of DOJ)	TAC	
13	Joining Declaration	HR	
14	Application of Employment	HR	
15	PF and EPS Declaration and Nomination Form	HR	
16	Gratuity Nomination Form	HR	
17	Declaration in case of non-submittal of essential joining documents	Employee	
Essential Documents (To be submitted at max within a month of joining)			
18	Any other education certificate/ Diploma	Employee	
19	Experience letter from all organizations	Employee	
20	PF Transfer IN form – Form 13 (if applicable)	Employee	
21	Pay slip of last two months from the previous employer	Employee	
Employee's Signature		Date	
TAC Signature		Date	
HR Signature		Date	

Declaration

I _____ (name), quick look ID _____ hereby declare that I will be submitting the pending joining documents given below:

S No	Documents	Yes/No
1	Any other Education Certificate/ Diploma	
2	Experience Letter from all organizations	
3	PF Transfer In application - Form 13 (if applicable)	
4	Class 10 th / SSC	
5	Class 12 th / SSC	

Within _____ days, on/before (date) _____

If I am unable to produce these documents by the agreed date, NCR Corporation India Pvt. Ltd, can take the appropriate action as per the NCR policies.

Yours Sincerely,

{Signature}

Name _____

Place _____

Date _____

HR Signature _____

Name _____