

Personnel File Check List					
Employee Name:				Date of Joining:	
Employee No:					
Normal / Flexi / ESI					
SI No	Documents	Yes	No	NA	Remarks
1	Passport size photographs - 4 nos.				
2	Resource Requisition Form (RRF)				
3	RRF approval email copy				
4	Resume of the Candidate				
5	Technical Interview form L1				
6	Technical Interview form L2				
7	HR Validation Form				
8	Offer Approval Mail				
9	Previous Employer CTC details / 3 months Salary Slip				
10	Technosoft Offer Letter with acceptance				
11	Technosoft Appointment Letter with acceptance				
12	Identity Card Form - with one photo, affixed				
13	Employee Information Form - with one photo, affixed				
14	Skill Matrix Form				
15	Mediclaime Enrollment Form				
16	Confidentiality and NDA				
17	Employee Information Security Awareness / Email & Internet Use Policy				
18	ESIC Form				
19	PF Form / PF Transfer Form / Form 11 / Form F / Form Q				
20	Copy 10th Marks sheet				
21	Copy 12th Marks sheet				
22	Copy of Graduation Marks sheet / Original Degree				
23	Copy of Post Graduation Marks sheet / Original Degree				
24	Copy of Other Degree (If any)				
25	Copy of Certifications (If any)				
26	Copy of Pan Card / Aadhaar				
27	Copy of Passport / DL / Voter ID				
28	Copy of Form - 16				
29	Service / Relieving letter(s) of all previous employment (as applicable)				
30	Technosoft LOA / Background Verification Status / BLR - email copy - stating the closure				
31	Medical Check-up				
Pending Documents: (please mention the Sno#)					
Checked By: (HR SPOC's sign)					

Full Name (AS per 10th Marks Sheet)										
Last name/ Surname										
Father's Name										
Designation(Technosoft)										
Client Name										
Project Name										
Location										
Facility										
Gender										
DOB										
DOI(Technosoft)										
Personal E mail ID										
Mobile No										
Qualification										
PAN No										
Passport No										
Relevant Exp										
Overall Exp										
Blood Group										
Pervious Designation										
Previous Organization										

FORM 2 (Revised)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme

(Paragraphs 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension scheme, 1995)

1. Name (in Block letters) :
2. Father's/Husband's Name :
3. Date of Birth :
4. Sex :
5. Marital Status :
6. Account No. :
7. Address : Permanent :
Temporary :
8. Date of Joining : EPF :
EPS :

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/nominees	Nominee's relationship with the member	Date of Birth	Total amount of share of Accumulations in Provident Fund to be paid to each nominee	If the nominee is a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5

- 1 * 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.
- 2 * Certified that my father/mother is/are dependent upon me.

Signature or thumb impression of the subscriber

*Strike out whichever is not applicable.

Part B (EPS) (Para 18)

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

S.No.	Name of the family members	Address	Date of Birth	Relationship with the member
1	2	3	4	5
1				
2				
3				
4				
5				

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

I hereby nominate the following 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.

Name and Address of the Nominee	Date of Birth	Relationship with the member

Date :

**Signature or thumb impression
of the subscriber**

Place :

**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 establishment after he/she has read the entries/entries have been read over to him/her

by me and got confirmed by him/her.

Place : _____

Dated the : _____

**Signature of the employer or other
Authorized Officers of the Establishment.**

Designation

**Name & Address of the Factory/
Establishment or Rubber Stamp Thereon**

FORM 2 (Revised)**NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS****Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme**

(Paragraphs 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension scheme, 1995)

1. Name (in Block letters) :
2. Father's/Husband's Name :
3. Date of Birth :
4. Sex :
5. Marital Status :
6. Account No. :
7. Address : Permanent :
Temporary :
8. Date of Joining : EPF :
EPS :

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/nominees	Nominee's relationship with the member	Date of Birth	Total amount of share of Accumulations in Provident Fund to be paid to each nominee	If the nominee is a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5

- 1 * 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.
- 2 * Certified that my father/mother is/are dependent upon me.

Signature or thumb impression of the subscriber

*Strike out whichever is not applicable.

Part B (EPS) (Para 18)

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

S.No.	Name of the family members	Address	Date of Birth	Relationship with the member
1	2	3	4	5
1				
2				
3				
4				
5				

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

I hereby nominate the following 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.

Name and Address of the Nominee	Date of Birth	Relationship with the member

Date :

**Signature or thumb impression
of the subscriber**

Place :

**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 establishment after he/she has read the entries/entries have been read over to him/her

by me and got confirmed by him/her.

Place : _____

Dated the : _____

**Signature of the employer or other
Authorized Officers of the Establishment.**

Designation

**Name & Address of the Factory/
Establishment or Rubber Stamp Thereon**

**EMPLOYEES PROVIDENT FUND ORGANIZATION**

Employees provident funds scheme, 1952 (paragraph 34 & 57) &
Employees pension scheme 1995 (paragraph 24)

New Form No.11- Declaration Form

(To be retained by the employer for future reference)

Emp Code: _____

Company: _____

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 end /of EPS1995 is applicable)

1	Name of the member					
2	Father's Name () Spouse's Name () (Please Tick Whichever Is Applicable)					
3	Date of Birth (DD/MM/YYYY)					
4	Gender: (male / Female /Transgender)					
5	Marital Status (married /Unmarried /widow/divorce)					
6	(a)Email ID:					
	(b)Mobile No:					
7*	Whether earlier a member of Employees 'provident Fund Scheme 1952	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
8*	Whether earlier a member of Employees 'Pension Scheme ,1995	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If response to any or both of (7) & (8) above is yes. MANDATORY FILL UP THE (COLUMN 9)						
9	a) Universal Account Number(UAN)					
	b) Previous PF a/c No	AP	HYD	EST.CODE	EXTN	PF NO.
	c) Date of exit from previous employment (DD/MM/YYYY)					
	d) Scheme Certificate No (if Issued)					
	e) Pension Payment Order (PPO)No (if Issued)					
10	a) International Worker:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	b) If Yes , State Country Of Origin (India /Name of Other Country)					
	c) Passport No					
	d) Validity Of Passport (DD/MM/YYYY) to(DD/MM/YYYY)					
11	KYC Details: (attach Self attested copies of following KYCs) **					
	a) Bank Account No .& IFS code					
	b) AADHAR Number (12 Digit)					
	c) Permanent Account Number (PAN),If available					

UNDERTAKING

- 1) Certified that the Particulars are true to the best of my Knowledge
- 2) I authorize EPFO to use my Aadhar for verification / e KYC purpose for service delivery
- 3) Kindly transfer the funds and service details, if applicable 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 details approved by previous employer has been verified by present employer)
- 4) In case of changes In above details the same Will be intimate to employer at the earliest

Date:

Place

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A) The member Mr./Ms./Mrshas joined onand has been allotted PF Number.....
- B) In case 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
- C) 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 (Form13) for transfer of funds from his previous establishment.

Date

Signature of Employer With seal of Establishment

**EMPLOYEES PROVIDENT FUND ORGANIZATION**

Employees provident funds scheme, 1952 (paragraph 34 & 57) &
Employees pension scheme 1995 (paragraph 24)

New Form No.11- Declaration Form

(To be retained by the employer for future reference)

Emp Code: _____

Company: _____

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 end /of EPS1995 is applicable)

1	Name of the member					
2	Father's Name () Spouse's Name () (Please Tick Whichever Is Applicable)					
3	Date of Birth (DD/MM/YYYY)					
4	Gender: (male / Female /Transgender)					
5	Marital Status (married /Unmarried /widow/divorce)					
6	(a)Email ID:					
	(b)Mobile No:					
7*	Whether earlier a member of Employees 'provident Fund Scheme 1952	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
8*	Whether earlier a member of Employees 'Pension Scheme ,1995	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If response to any or both of (7) & (8) above is yes. MANDATORY FILL UP THE (COLUMN 9)						
9	a) Universal Account Number(UAN)					
	b) Previous PF a/c No	AP	HYD	EST.CODE	EXTN	PF NO.
	c) Date of exit from previous employment (DD/MM/YYYY)					
	d) Scheme Certificate No (if Issued)					
	e) Pension Payment Order (PPO)No (if Issued)					
10	a) International Worker:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	b) If Yes , State Country Of Origin (India /Name of Other Country)					
	c) Passport No					
	d) Validity Of Passport (DD/MM/YYYY) to(DD/MM/YYYY)					
11	KYC Details: (attach Self attested copies of following KYCs) **					
	a) Bank Account No .& IFS code					
	b) AADHAR Number (12 Digit)					
	c) Permanent Account Number (PAN),If available					

UNDERTAKING

- 1) Certified that the Particulars are true to the best of my Knowledge
- 2) I authorize EPFO to use my Aadhar for verification / e KYC purpose for service delivery
- 3) Kindly transfer the funds and service details, if applicable 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 details approved by previous employer has been verified by present employer)
- 4) In case of changes In above details the same Will be intimate to employer at the earliest

Date:

Place

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A) The member Mr./Ms./Mrshas joined onand has been allotted PF Number.....
- B) In case 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
- C) 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 (Form13) for transfer of funds from his previous establishment.

Date

Signature of Employer With seal of Establishment

Form 'F'

[See sub-rule (1) of rule 6]

NOMINATION

To.

[Give here name or description of the establishment with full address]

1. I. Shri/Shrimathi/Kumari -----

[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 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.

Sl. No.	Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared(% of Benefit)
1.				
2.				
3.				
4.				

STATEMENT

1. Name of employee in full. :
2. Sex. :
3. Religion. :
4. Whether :
unmarried/married/widow/widower.
5. Department :
6. Designation with Employee No. or :
Serial No. or Staff No.
7. Date of appointment / Date of Joining :
8. Permanent address. :

Village Thana Sub-division
Post Office District State.....

Place :

Signature/Thumb impression
of the employee

Date :

Declaration by witnesses

Nomination signed/thumb impressed before me.

Name in full and full address of witnesses.

Signature of witnesses.

1.

1.

2.

2.

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 & Designation

Name and address of the establishment

Acknowledgement by the employee

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

Place :

Date :

Signature of the employee

Note : Strike out the words / paragraph not applicable

Form 'F'

[See sub-rule (1) of rule 6]

NOMINATION

To.

[Give here name or description of the establishment with full address]

1. I. Shri/Shrimathi/Kumari -----

[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 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.

Sl. No.	Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared(% of Benefit)
1.				
2.				
3.				
4.				

STATEMENT

1. Name of employee in full. :
2. Sex. :
3. Religion. :
4. Whether :
unmarried/married/widow/widower.
5. Department :
6. Designation with Employee No. or :
Serial No. or Staff No.
7. Date of appointment / Date of Joining :
8. Permanent address. :

Village Thana Sub-division
Post Office District State.....

Place :

Signature/Thumb impression
of the employee

Date :

Declaration by witnesses

Nomination signed/thumb impressed before me.

Name in full and full address of witnesses.

Signature of witnesses.

1.

1.

2.

2.

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 & Designation

Name and address of the establishment

Acknowledgement by the employee

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

Place :

Date :

Signature of the employee

Note : Strike out the words / paragraph not applicable

FORM 'Q'
[See Rule 24(9-A)]
Appointment Order

1	Name and address of the Establishment	
2	Name and address of the Employer	
3	Name of the Employee:	
4	His / Her Postal Address	
5	His / Her Permanent Address:	
6	Father's / Husband's name:	
7	Date of Birth	
8	Date of His / Her entry into employment:	
9	Designation:	
10	Nature of work entrusted to him:	
11	His / her serial number in the Register of employment:	
12	Rates of wages payable to him/her:	
	i) Basic+DA	
	ii)HRA	
	iii) Other allowances if any	
	Total	

Place:

Signature of the Employer

Date

with date and signature

Acknowledgement by Employee

Seal of the Establishment)

FORM 'Q'
[See Rule 24(9-A)]
Appointment Order

1	Name and address of the Establishment	
2	Name and address of the Employer	
3	Name of the Employee:	
4	His / Her Postal Address	
5	His / Her Permanent Address:	
6	Father's / Husband's name:	
7	Date of Birth	
8	Date of His / Her entry into employment:	
9	Designation:	
10	Nature of work entrusted to him:	
11	His / her serial number in the Register of employment:	
12	Rates of wages payable to him/her:	
	i) Basic+DA	
	ii)HRA	
	iii) Other allowances if any	
	Total	

Place:

Signature of the Employer

Date

with date and signature

Acknowledgement by Employee

Seal of the Establishment)

MEDICLAIM ENROLLMENT FORM

(Fill this form in Bold Letters)

Type of Service

New Member

1	Name of the Corporate	
2	Name of the Employee	
3	Date of Birth (DD/MM/YYYY)	
4	Gender	
5	Technosoft E mail ID	
6	Date Of Joining	
7	Employee code	
8	GHI SUM Insured (please select one among the three)	<input type="checkbox"/> 1 Lakh
		<input type="checkbox"/> 2 Lakhs
		<input type="checkbox"/> 3 Lakhs
		<input type="checkbox"/> 5 Lakhs

Particular of Dependents to be covered

S.No	Name	Relationship	Gender	DOB
1		Father	Male	
2		Mother	Female	
3		Spouse		
4		Child 1		
5		Child 2		

I hereby declare that the particulars stated above are true to best of my knowledge.

Signature of the Employee

Date

ELECTRONIC COMMUNICATIONS AND INTERNET USE POLICY

Overview

Technosoft ("Technosoft" or "Company") has established this policy ("policy") to regulate access and disclosure of messages created, sent, or received by Technosoft employees/contractors/trainees ("Employees", "Contractors", "Trainees") using Technosoft's electronic communications (notably e-mail, voice-mail, fax and phone lines including phone numbers licensed by Technosoft systems ("systems") and Internet systems ("Internet"). All of Technosoft's information systems, whether owned, leased, or licensed, are the property of Technosoft. Technosoft intends to honor the policies set forth below but reserves the right to change them at any time as may be required by the circumstances. This policy supplements, and should be read in conjunction with, other Technosoft policies.

E-Mail Policy

1. Technosoft maintains an electronic mail ("e-mail") system. This system is provided by Technosoft to assist in the conduct of business with the company. Technosoft expressly prohibits any Employee/Contractor/Trainee from using the systems for any non-Company business-related purpose.
2. The e-mail systems hardware is company property. The e-mail systems software is licensed by Technosoft. Additionally, all messages composed, sent, or received on the e-mail system are and remain the property of Technosoft. They are not the private property of any Employee/Contractor/Trainee. Technosoft management reserves the right at any time, for whatever reason, to open the e-mail files of any Employee/Contractor/Trainee on any Technosoft computer. E-mail communications should be treated like a shared filing system—with the expectation that messages sent will be available for review by any authorized representative of Technosoft for any purpose related to Company business.
3. All e-mail must identify the sender, e-mails may not be sent anonymously.
4. The systems may not be used to solicit or proselytize for commercial ventures, religious or political causes, outside organizations, or other non-job-related solicitations. Use of e-mail, voice-mail, or fax for personal messages, solicitation of employees/contractors/trainees, or distribution of information not related to the official business of Technosoft, including but not limited to e-mail directed to all users of Technosoft's system, is prohibited without the prior review and approval of a representative of Technosoft's Human Resources Department.
5. The systems are not to be used to create any offensive or disruptive messages. Among those which are considered offensive are any messages that contain sexual implication, racial slurs, gender-specific comments, or any other comment that offensively addresses someone's age, sexual orientation, religious or political beliefs, national origin, or disability.

The system shall not be used to send (upload) or receive (download) copyrighted materials, trade secrets, proprietary financial information, license agreements, patents, or similar materials. E-mails should not be used to convey proprietary, confidential, or trade secrets information of Technosoft or its clients. Business information conveyed via electronic communications cannot be utilized for personal purposes and/or gain. E-mail may not be used in a manner that violates copyright, patents, license agreements, and proprietary material constraints.

(Signature)
page 1/3

ELECTRONIC COMMUNICATIONS AND INTERNET USE POLICY

7. There is no confidentiality in e-mail. Even when a message is erased it is still possible to retrieve and read that message. Further, the use of passwords for security or the designation of messages as private by the sender or recipient does not guarantee confidentiality or restrict or eliminate Technosoft's ability or right to access such messages. Although e-mail is password protected, it should not be considered personal or private.
8. Notwithstanding Technosoft's right to retrieve and read any e-mail messages, such messages should be treated as confidential by other Employees/Contractors/Trainees and accessed only by the intended recipient. Co-employees/Co-contractors/Co-trainee are not authorized to retrieve or read any e-mail messages that are not sent to them.
9. Employees/Contractors/Trainees should not use code, access a file, or retrieve any stored information, unless authorized to do so.
10. At no time shall e-mail, voice mail, or fax be used to engage in conduct that violates any laws.

Internet Usage

1. Technosoft's network, including its connection to the Internet, is to be used primarily for business-related purposes. Incidental and occasional personal use of the Internet is permitted with the Company, subject to the other policies contained herein. Employees/Contractors/Trainees may not sign onto or participate in social networking sites such as Facebook during work time and may never use a Company e-mail address on such sites during non-work time.
2. Accessing or displaying any kind of sexually explicit image or document on any Technosoft system is a violation of our policy on sexual harassment. In addition, sexually explicit material may not be archived, stored, distributed, edited, or recorded using Technosoft's network or computer resources.
3. Prohibited use of Technosoft's Internet connection includes, but is not limited to, engaging in computer "hacking" and other related activities or attempting to disable or compromise the security of information contained on the Company's computers.
4. Because postings placed on the Internet may display Technosoft's address, make certain before posting information on the Internet that the information reflects the standards and policies of Technosoft. Under no circumstances shall information of a confidential, sensitive, or otherwise proprietary nature be placed on the Internet.
5. Information posted or viewed on the Internet may constitute published material. Therefore, reproduction of information posted or otherwise available over the Internet may be done only by express permission from the author or copyright holder.

Unless prior approval of management has been obtained, users may not establish Internet or other external network connections that could allow unauthorized persons to gain access to Technosoft's systems and information. These connections include the establishment of hosts with public modem dial-ins, World Wide Web home pages and File Transfer Protocol (FTP).

(Signature)
page 2/3

ELECTRONIC COMMUNICATIONS AND INTERNET USE POLICY

No Expectation of Privacy

THERE IS NO EXPECTATION OF PRIVACY WITH RESPECT TO ANY INFORMATION ON THE SYSTEMS. It is suggested that highly sensitive and/or confidential information not be transmitted via the systems.

Incidental Personal Use

Employees/Contractors/Trainees may make incidental use of the systems to transmit personal messages, but such messages will be treated no differently from other messages that Technosoft may monitor. Accordingly, Employees/Contractors/Trainees cannot use the systems to send, receive, or store any messages that they wish to keep private. Employees/Contractors/Trainees should understand the systems include a shared files systems (such as the document management system for word processing documents that are available to all Employees/Contractors/Trainees) and must expect that the communications and messages sent, received, or stored in the shared files systems will be reviewed by Technosoft for any purpose.

Enforcement

Any Employee/Contractor/Trainee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment/assignment and referral to enforcement authorities.

Acknowledgment and Consent to Technosoft's Electronic Communications and Internet Policy

THIS ELECTRONIC COMMUNICATIONS AND INTERNET USE POLICY IN NO WAY CHANGES THE AT-WILL NATURE OF THE EMPLOYEE'S/CONTRACTOR'S/TRAINEE'S EMPLOYMENT/ASSIGNMENT WITH THE TECHNOSOFT.

I acknowledge that I have read and will abide by Technosoft's policies regarding its information systems. Further, I understand that my communications on Technosoft's systems are not private and will be monitored.

Name:

Signature:

Date:

ID:

page 3/3



Declaration

I understand that Technosoft Global Solutions LLP and its services partners, will verify and validate the information I have provided at the time of employment, including my employment and work history, my personal background including address verification, and qualifications.

I understand and hereby authorize Technosoft Global Solutions LLP and its services partners to obtain any information it deems relevant and appropriate to validate the information provided from various sources including, but not limited to, the following: current and past employers, criminal conviction records(if applicable), school \ College records and professional and personal references.

I hereby authorize the Company to access or be provided with full details of my previous employment record held by any company or business for whom I previously worked. This information could include the dates of employment; the nature of the position held, details of my salary upon departure and an appraisal of my performance, capabilities and character, and any other information as maybe deemed necessary and pertinent by the Company.

This authorization letter, in original, faxed or photocopied form, shall be valid for this and any future reports and updates that may be requested.

Privacy and confidentiality of the information shared by Technosoft Global Services to third party vendors will be maintained

I hereby certify all of the statements made by me on the Technosoft Global Services employment verification form are true and complete and I understand that omission or misrepresentation of any fact may result in refusal of employment or immediate termination of employment.

Signature :

Name in Capital :

Date of joining :

Employee Id :

EMPLOYEE INFORMATION SECURITY AWARENESS

Know Your Responsibilities

Do's:

- Do change your password regularly for your different accounts.
- Do use different passwords for your personal, Technosoft and Customer systems and applications.
- Do use a minimum of 8 characters using the combination of upper and lower case letters, numbers (1 minimum) and special characters or symbols (1 minimum). Choose the password that you can remember, on the above line.
- Do scan your computer and all the drives for viruses before you use them on your computer. Always request for the help of IT Team, if you have any questions.
- Always delete unrecognized Email. Never open or respond to any Email or attachment unless you positively recognize or trust the sender. This includes spam (junk Email). Do not click on the hyperlinks, unless you verify the authenticity of the link which should lead to valid domains.
- Leave a clear desk while you're away and at the end of each day (i.e., no papers, pens, notebooks etc. on your work desk, put all those under lock and key).
- Lock your system while you are away by using Control + Alt + Delete and Enter keys of your keyboard.
- Do use your own ID and Access Cards. Always display the same. (Do not hide in your pockets.)
- Report Security Incidents.
- Paper based information should be shredded using the centralized paper shredder. Confidential and sensitive data should be deleted immediately after the use.
- Make regular Backup's of critical data. Save your data on the File Servers in the shared drive allocated to you.
- If you print something or have something faxed to you, pick it up right away and store it securely.
- Be aware of retention and disposal requirements of data to which you have access.
- Do use computer equipment only for which you have authorization

Don'ts:

- Do not share your password with anyone. (Keeping your password to yourself is critical to your company's security. Never share your password with anyone – including your Supervisor or others, IT Security, IT Help Desk, family, friends or co-workers)
- Do not write down the passwords on paper, notebooks, whiteboard. Do not copy to other devices (mobiles).
- Do not use easy to guess words such as March2010*
- Do not visit inappropriate web sites, eg. pornographic or hacker web sites
- Do not browse personal web mail domains like Yahoo mail, Gmail etc.
- Do not download or install the unauthorized software from the Internet. All software require adherence to licensing terms.
- Do Not Tailgate. Be careful of "Piggybacking" and "Tailgating" (this is when some one follows You through a locked / access controlled door to gain unauthorized access to/out of the facility)
- Do not send email messages using other person's account.
- Do not send unsolicited email messages.
- Do not use other person's ID & Access Cards
- Do not use other person's credentials.
- Do not enter into the restricted areas unless authorized by the respective process owner.
- Do not carry personal CD/DVD, hard disks, USB/Pen drive, Camera, Floppy, SD Cards, Flash Disks or any other recording media, to the work area/facility. Carrying such items will be considered violation of security policy.

Please Note:

- **We monitor and log all of your physical and logical access.**
- **You are responsible and accountable for all the access done using your ID and Password – Protect Your Password.**
- **The forwarding of chain e-mails/letters, junk e-mail, jokes and executables is strictly forbidden.**
- **The detailed security awareness will be given to you during Induction Training.**

Date:

Employee Signature

Employee id:

EMPLOYEE INFORMATION SECURITY AWARENESS

Know Your Responsibilities

Do's:

- Do change your password regularly for your different accounts.
- Do use different passwords for your personal, Technosoft and Customer systems and applications.
- Do use a minimum of 8 characters using the combination of upper and lower case letters, numbers (1 minimum) and special characters or symbols (1 minimum). Choose the password that you can remember, on the above line.
- Do scan your computer and all the drives for viruses before you use them on your computer. Always request for the help of IT Team, if you have any questions.
- Always delete unrecognized Email. Never open or respond to any Email or attachment unless you positively recognize or trust the sender. This includes spam (junk Email). Do not click on the hyperlinks, unless you verify the authenticity of the link which should lead to valid domains.
- Leave a clear desk while you're away and at the end of each day (i.e., no papers, pens, notebooks etc. on your work desk, put all those under lock and key).
- Lock your system while you are away by using Control + Alt + Delete and Enter keys of your keyboard.
- Do use your own ID and Access Cards. Always display the same. (Do not hide in your pockets.)
- Report Security Incidents.
- Paper based information should be shredded using the centralized paper shredder. Confidential and sensitive data should be deleted immediately after the use.
- Make regular Backup's of critical data. Save your data on the File Servers in the shared drive allocated to you.
- If you print something or have something faxed to you, pick it up right away and store it securely.
- Be aware of retention and disposal requirements of data to which you have access.
- Do use computer equipment only for which you have authorization

Don'ts:

- Do not share your password with anyone. (Keeping your password to yourself is critical to your company's security. Never share your password with anyone – including your Supervisor or others, IT Security, IT Help Desk, family, friends or co-workers)
- Do not write down the passwords on paper, notebooks, whiteboard. Do not copy to other devices (mobiles).
- Do not use easy to guess words such as March2010*
- Do not visit inappropriate web sites, eg. pornographic or hacker web sites
- Do not browse personal web mail domains like Yahoo mail, Gmail etc.
- Do not download or install the unauthorized software from the Internet. All software require adherence to licensing terms.
- Do Not Tailgate. Be careful of "Piggybacking" and "Tailgating" (this is when some one follows You through a locked / access controlled door to gain unauthorized access to/out of the facility)
- Do not send email messages using other person's account.
- Do not send unsolicited email messages.
- Do not use other person's ID & Access Cards
- Do not use other person's credentials.
- Do not enter into the restricted areas unless authorized by the respective process owner.
- Do not carry personal CD/DVD, hard disks, USB/Pen drive, Camera, Floppy, SD Cards, Flash Disks or any other recording media, to the work area/facility. Carrying such items will be considered violation of security policy.

Please Note:

- **We monitor and log all of your physical and logical access.**
- **You are responsible and accountable for all the access done using your ID and Password – Protect Your Password.**
- **The forwarding of chain e-mails/letters, junk e-mail, jokes and executables is strictly forbidden.**
- **The detailed security awareness will be given to you during Induction Training.**

Date:

Employee Signature

Employee id:

CONFIDENTIAL

PERSONAL DETAILS

COMMUNICATION

Mailing/Current Address							Permanent Address						
Duration of Stay: From : MM/YYYY To: MM/YYYY							Duration of Stay: From : MM/YYYY To: MM/YYYY						
PIN CODE							PIN CODE						

ACADEMIC (Only Degree / Diploma onwards)

Year From - To	Qualification & Specification	Institution & Location	Marks (%)	Class/ Grade

TRAINING & DEVELOPMENT. Please record the training programmes attended by you.

Program title	Institution name	Program details

Family Member's Details

Name	Gender	Relationship	Occupation	Date of Birth

Note: DOJ: Date of Joining, LWD: Last Working Date, OJ: On Joining WL: While Leaving

REFERENCES:

Supervisor's Name:	HR Manager's Name:
Title:	Title:
Phone:	Phone:
Email ID:	Email ID:

REFERENCES:

Supervisor's Name:	HR Manager's Name:
Title:	Title:
Phone:	Phone:
Email ID:	Email ID:

Page 4 of 7

Employment 5 Name:	DOJ : DD / MMM / YYYY	OJ:	
	LWD: DD / MMM / YYYY	WL:	
	Duration: ____Yrs. ____mths		
	Address:		
EMP ID:	City/State:		
	Pincode:		

REFERENCES:

Supervisor's Name:

HR Manager's Name:

Title:

Title:

Phone:

Phone:

Email ID:

Email ID:

Employment 6 Name:	DOJ : DD / MMM / YYYY	OJ:	
	LWD: DD / MMM / YYYY	WL:	
	Duration: ____Yrs. ____mths		
	Address		
EMP ID:	City/State:		
	Pincode:		

REFERENCES :

Supervisor's Name:

HR Manager's Name:

Title:

Title:

Phone:

Phone:

Email ID:

Email ID:

SUPPLEMENTARY INFORMATION

CAREER HIGHLIGHTS (Salient achievements, contributions, technical expertise, etc.)	PREVIOUS ORGANISATION'S STRUCTURE (indicating your position with reporting & supervisory relationship)
<p>Overseas training attended :</p> <p>with reason :</p> <p>Foreign countries visited :</p> <p>.....</p> <p>Computer Proficiency</p> <p>Operating Systems :</p> <p>Application Software :</p> <p>Languages / Tools :</p> <p>Academic Distinctions :</p> <p>Extra/Co-curricular Activities :</p> <p>Hobbies :</p>	

ASSESS YOURSELF

STRENGTHS	WEAKNESSES

CAREER INFORMATION

Career objective	:	
	
Reasons for seeking change	:
	

Signature :

Date :

Identity Card Form

PLEASE FILL THE FORM IN CAPITAL LETTERS

EMPLOYEE NAME : FIRST NAME AND THEN THE INITIAL

RESIDENTIAL ADDRESS :

Passport
Size photo to
Be attached

EMERGENCY CONTACT NO : (PLEASE PROVIDE EMERGENCY CONTACT NUMBER)

BLOOD GROUP :

EMPLOYEE ID :

WORK LOCATION : (CITY NAME)

SIGNATURE :

Skill Matrix Form

Employee ID :
Employee Name :
DOJ :
Work Location :

Please rate your primary skill set on the level of proficiency as mentioned below:

Proficiency	Level
Course Training only	1
Limited Practical Experience	2
Solid Practical Experience	3
Well Versed Extensive Experience	4
Expert Experience	5

Sl. No	Industry Experience	Certifications	Primary Skill	Level



Employee Name: _____

DOJ: _____

Employee ID: _____

Please Note:

- ❖ Employee, eligible for *Monthly Food Coupon (Rs.2200/-)* have the option of opting out, only at the time of joining.
- ❖ Once Opted for Food Coupons, the Employee cannot opt-out during the financial year.
- ❖ The Sodexo Electronic Meal Benefit Program & merchandise Outlet details are available in HRMS. [Please login HRMS for more information]

I wish to Opt for *Sodexo Meal Card (Food Coupon)*☐I do not wish to Opt for *Sodexo Meal Card (Food Coupon)*☐

Employee Signature: _____