

JOINING MASTER SHEET

Onboarding Checklist - Intern				
	First Name	Middle Name	Last Name	
Employee Name	Sachin		-	
Employee ID				
	MM-DD-YYYY		MM-DD-YYYY	
Birth Date	7/6/1999	Date of Joining	10/27/2022	
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 10/27/2022		
For HR use only				
Name		Signature		Date 10/27/2022

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Personal Details			
Full Name (as given in your passport with initials expanded)			
First	Middle	Last Name	
Sachin		-	
Designation as per offer letter	Band as per Offer letter	Date of Joining	Place of Posting
Software Associate	A3	10/27/2022	Mumbai
Marital status: <u>Single</u>		Mobile: <u>8618188895</u> Landline: <u>8746808079</u>	
Marriage Date: _____		Emergency: <u>8746808079</u>	
Gender: <u>Male</u>		Personal Email ID: <u>mahendrakersachin2016@gmail.com</u>	
Date of birth (MM/DD/YYYY): <u>7/6/1999</u>		Passport No. _____ Issue Date: _____	
Place of birth: <u>Bhalki</u>		Expiry Date: _____ Passport issued City: _____	
Birth Country: <u>India</u>		Pan No.: <u>JLOPS3575N</u>	
Nationality: <u>Indian</u>		AADHAAR No.: <u>352752420697</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	Baburao Mahendrakar	Rekha Mahendrakar			
Gender	Male	Female			
Date of Birth	1/1/1971	1/1/1984			

Languages Known			
Language	Read	Write	Speak
English	Advanced	Advanced	Proficient
Marathi	Advanced	Advanced	Advanced
Hindi	Advanced	Advanced	Advanced

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Address details		
	Complete Address	Emergency contact details
Permanent Address	Bhalki	Name: Baburao Relationship: Contact Number:
Same as Current Address	Yes	
Current Address	3-2-90, Old Town, Bhalki, Bidar Karnataka 585328 Bhalki Karnataka India 585328	Name: Baburao Relationship: Father Contact Number: 8746808079
Secondary Emergency Address		Name: Nitin Relationship: Brother Contact Number:

Educational Qualifications

Highest Qualification Bachelor's Degree	
College Name & Address	C.B COLLEGE BHALKI
University Name & Address	Gulbarga University, Kalburgi
Program: Bachelor of Science	Period: (MM/DD/YYYY) Start Date: <u>6/15/2017</u> Date of Passing: <u>12/12/2020</u>
Type of degree: <u>Full Time</u> Specialization: <u>Electronics/Telecommunications</u>	Percentage/Rank/Grade/Class: <u>68.7</u> Roll/Seat Number: <u>1862612</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/Seat Number: _____

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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					
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	Rekha				
Relationship	Mother				
Address	3-2-90 Old Town chowdi Bhalki				
City					
Date of Birth	1/1/1984				
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	Rekha				
Relationship	Mother				
Address	3-2-90 Old Town chowdi Bhalki				
City					
Date of Birth	1/1/1984				
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, Sachin -

Address 3-2-90, Old Town, Bhalki (EMP Code)
Karnataka 585328 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	Rekha		
Relationship	Mother		
Address of Nominee	3-2-90 Old Town chowdi Bhalki		
% 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: 10/27/2022

Place: Mumbai

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	Sachin -
2	Father's Name	Baburao Mahendrakar
3	Spouse's Name	
4	Gender	Male
5	Date of Birth	7/6/1999
6	Date of Joining	10/27/2022
7	Marital Status	Single
8	Religion	
9	Nationality	Indian
10	Handicap? (YES/NO)	
	If Yes, From date & Certificate	
11	Permanent Address	3-2-90, Old Town, Bhalki, Bidar Karnataka 585328
	Area	
	City	Bhalki
	District	
	State	Karnataka
	Pin Code	585328
12	Temporary Address	3-2-90, Old Town, Bhalki, Bidar Karnataka 585328
	Area	
	City	Bhalki
	District	
	State	Karnataka
	Pin Code	585328
13	STD Code & Telephone Number	8746808079
14	Mobile/Cell Number	8618188895
15	Email ID	mahendrakarsachin2016@gmail.com
16	PAN Number	JLOPS3575N
17	Do you have AADHAAR Card ? (YES/NO)	
	If yes, please mention 16 digits AADHAAR Card No.	352752420697

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	Rekha	Mother	1/1/1984				
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.