

Terms & Conditions of Employment Agreement

Name of the Joinee : **MAHALAKSHMI KEERTHANA PADALA**

Location : **Chennai**

Date : **11 Jan 2021**

Appointment Ref. No. : _____

Please read through this document carefully, sign at the end and hand this over along with your other joining papers. This is necessary and forms part of your joining papers.

Agreement to Terms & Conditions of Employment

1. You are required to deal with the Company's money, material and documents with utmost honesty and professional ethics. If you are found guilty at any point of time of moral turpitude or of dishonesty in dealing with the company's money or material or documents or of theft or of misappropriation regardless of the value involved, your services would be terminated with immediate effect notwithstanding other terms and conditions mentioned in this letter.
2. If during the period of your service, the Management comes to the conclusion that you have committed any misconduct, you may be dismissed from service as per the rules of the company with immediate effect, notwithstanding anything else mentioned in this letter.
3. You are required not to engage yourself in any other gainful or commercial employment, business or activity part-time or full-time, directly, indirectly or simultaneously as long as you are employed with HCL Technologies India Pvt. Ltd. or engage yourself directly or indirectly in any other profitable business connected with the dealings or activities of the company in any way. Any action to the contrary would render your services liable for termination notwithstanding any other conditions in this letter.
4. You are required to maintain the secrecy of, and not to divulge or communicate in any manner, any information regarding your remuneration to any other employee of the Company except to your immediate superior.
5. Your appointment and its continuance is subject to your being certified physically and mentally fit by a qualified registered medical practitioner (RMP) nominated by the Company. The opinion of the RMP nominated by the company shall be final & binding on the parties.

Shilpa Agarwal

AUTHORISED SIGNATORY

Name : MAHALAKSHMI KEERTHANA PADALA

Date : 11 Jan 2021

Signature :

For execution by all the employees of the Company

UNDERTAKING

As a condition and consideration of my employment or association with HCL Technologies, Ltd, its subsidiaries, affiliates, successors and assigns (together the "Company"), in a responsible position and my receipt of the compensation now and hereafter paid to me by the Company, I hereby agree to the following:

1. Confidential Information

- a. Company Information I confirm that protection of the Company's Confidential Information and goodwill is of utmost necessity and that I agree that I shall not, directly or indirectly, except where authorized by the competent authority of the Company for the benefit of the Company at any time divulge, communicate or disclose to any persons, firms, corporations, companies, company's clients / customers, governmental entities or agencies or any other entities, other than the Company ("Third Parties"), or use or cause or authorize any Third Parties to use except for the benefit of the Company, any such Confidential Information, or any other information which I know or should know by virtue of being the employee of the Company, whether or not any of the foregoing information is actually novel or unique, except as otherwise required by law,
- b. Former employer Information I agree that I will not, during my employment or association with the Company, improperly use or disclose any proprietary information or trade secrets of any former employer or Third Parties and that I will not bring into the premises of the Company any unpublished document or proprietary information belonging to any such employer or Third Parties unless consented to in writing by such employer or Third Parties.
- c. Third Party Information. I recognize that the Company has received and in the future will receive from Third Parties, which may or may not be the customers or prospective customers of the Company, their confidential or proprietary information subject to a duty on the Company's part to maintain the confidentiality of such information and use it only for certain limited purposes. I agree to hold all such confidential or proprietary information in the strictest confidence and not to disclose it to any person, firm or corporation or to use it except as necessary in carrying out my work for the Company in conformity with the Company's agreement with such Third Party.
- d. Employee Has and Shall Receive Confidential Information I acknowledge that I have been provided with information about the Company during the term of my employment or association with the Company (including any renewals or extensions) and my employment or association will continue to bring me into close contact with confidential affairs of the Company. Thus, I acknowledge that by reason of my employment or association with the Company, I will acquire Confidential Information.
- e. Employee Acknowledges Importance of Confidential Information I acknowledge that all Confidential Information is of great value to Company, and essential to preservation of the business and the goodwill of the Company.
- f. Employee's Services Special and Unique I recognize the duties and services to be performed by myself, as an employee or associate of the Company, are special, extraordinary and unique, and intellectual in nature.

Signature_____

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g. Confidential Information shall include all:

1. Production processes, marketing techniques and arrangements, mailing lists, purchasing information, pricing policies, quoting procedure, financial information, funding information, customer and prospect names and requirements, employee, customer, agents, supplier and distributor data, business strategies, plans, assets, liabilities, revenues, profits price lists and other material or information relating to the Company's business and the manner in which the Company carries out its business:
2. Computer software whether now or hereafter existing, developed for use of any operating system or machine, all modifications, enhancements, and versions and all options available with respect thereto, and all future products developed or derived there from.
3. Source and object code, flowcharts, algorithms, coding sheets, routines, sub- routines, compilers, assemblers, design concepts and related documentation and manuals.
4. Discoveries, concepts and ideas including, without limitation, the nature and results of research and development activities, processes, formulas, products, patents, inventions, computer-related equipment or technology, techniques, "know-how", designs, drawings and specifications, procedures, methods, designs, strategies and any other information required for carrying out the business of the Company. These shall also include any information about the customers and clients of the Company.
5. All other materials or information related to the business or activities of the Company, which are not generally known to others engaged in similar businesses or activities.
6. All ideas which are derived from or related to my access to or knowledge of any of the enumerated materials and information, and
7. All information about or belonging to suppliers and clients of, and all parties to any agreement with, the Company which would be confidential information pursuant to the above definition if such other parties were in the position of the Company.
8. The markets, customers, prospective customers (whom Company has contacted, made sales presentations, provided bids, or otherwise specifically solicited during the Term hereof), suppliers, vendors and employees of the Company, records of transactions, and other information concerning the business of Company. Such customers or prospects shall include, but not limited to customers of the Company on whom I called or with whom I became acquainted while being associated with the Company.
9. The absence of any marking or statement that particular information is Confidential Information shall not affect its status as Confidential Information.

I understand that "Confidential Information" for this purpose shall mean and include all information, regardless of the form and whether oral, written, stored in a computer database or otherwise, which has been disclosed by the Company or any of its employees or promoters to myself. I understand that Confidential Information does not include any of the foregoing items, which has become publicly known and made generally available through no wrongful act of mine or of others who were under confidentiality obligations as to the item or items involved. I hereby accept the responsibility for maintaining the secrecy and confidentiality of such Information and all portions thereof during the term of my employment or association with the Company and for a period of eighteen (18) months thereafter following the termination of my employment or cessation of my association with the company and

Signature_____

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recognize without any objection or protest the unequivocal right of the Company to ascertain from my employers of any breach or threatened breach by me of this undertaking.

f) Ownership of Confidential Information

- All rights, title and interest in all Confidential Information shall be and remain the exclusive property of the Company including all Confidential Information developed in whole or in part by me during my assignment with the Company, I agree and shall assign to the Company all right, title and interest I may have in such Confidential Information and to execute any instruments and to do all other things reasonably requested by the Company both during both during and after my tenure with Company in order to vest more fully in the Company all ownership rights in Confidential Information transferred by me to the Company.
- If any one or more of the items described above are protected under the copyright laws and international copyright treaty and are deemed in any way to fall with the definition of "work made for hire", the copyright of which shall be owned solely, completely and exclusively by the Company. If any one or more of the aforementioned items are protected by categories of work covered by the "work made for hire" definition contained under any relevant law of any nation or jurisdiction, such items shall be deemed to be assigned and transferred completely and exclusively to the Company by virtue of the execution of this Agreement.

g). Materials. All notes, data, tapes, reference items, sketches, drawings, memoranda, records and other materials in any way relating to Confidential Information or otherwise to the Company's business shall belong exclusively to the Company, and I shall return to the Company all copies of such materials in my possession or under my control at the request of the Company or, in the absence of such a request, upon the termination of my employment or cessation of my association with the Company. This section will be enforceable against my heirs, successors and assigns.

2. Proprietary Information

- **Return of Proprietary Information** Upon termination of my employment or cessation of my association with the Company, for any reason, I shall immediately turn over to the Company any "proprietary information," as defined below. I shall have no right to retain any copies of any material qualifying as "proprietary information" for any reason whatsoever after termination of my employment or cessation of my association with the Company, without the express written consent of the Company.
- **Non-Disclosure** It is understood and agreed that, in the course of my employment hereunder and through my activities for and on behalf of the Company, I will receive, deal with and have access to the Company's "proprietary information" and I hold the Company's "proprietary information" in trust and confidence for the Company. I agree that I shall not, during the term of this Agreement or thereafter, in any fashion, form or manner, directly or indirectly, retain, make copies of, divulge, disclose or communicate to any person, in any manner whatsoever, except when necessary or required in the normal course of my employment hereunder and for the benefit of the Company or with the express written consent of the Company, any of the Company's "proprietary information" or any information of any kind, nature or description whatsoever concerning any matters affecting or relating to the Company's business.
- **Proprietary Information Defined.** For purposes of this Agreement, "proprietary information" means and includes the following: the identity of clients or customers or potential clients or customers of the Company; any written, typed or printed lists or other materials identifying the clients or customers of the Company; any

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financial or other information supplied by clients or customers of the Company; any and all data or information involving the techniques, programs, methods or contacts employed by the Company in the conduct of its business; any lists, documents, manuals, records, forms, or other material used by the Company in the conduct of its business; any descriptive materials describing the methods and procedures employed by the Company in the conduct of its business; and any other secret or confidential information concerning the Company's business or affairs. The terms "list" and "document" (or their equivalent) as used in this Section are not limited to a physical writing or compilation but also include any and all information whatsoever regarding the subject matter of the "list" or "document," whether or not such compilation has been reduced to writing.

3. Inventions

- a. Inventions Retained and Licensed. I have attached hereto, as Exhibit A, a list describing all inventions, original works of authorship, developments, improvements, and trade secrets which were made by me prior to my employment with the Company (collectively referred to as "Prior Inventions"), which belong to me, which relate to the Company's proposed business, products or research and development, and which are not assigned to the Company hereunder, or, if no such list is attached, I represent that there are no such Prior Inventions. If in the course of my employment or association with the Company, I incorporate into a Company product, process or machine a Prior Invention owned by me or in which I have an interest, the Company is hereby granted and shall have a nonexclusive, royalty-free, irrevocable, perpetual, worldwide license to make, have made, modify, use and sell such Prior Invention as part of or in connection with such product, process or machine.

- b. Assignment of Inventions Any and all inventions, products, designs, discoveries, literary works, art works and work product of any nature (collectively, the "Inventions"), whether or not can be patented or copyrightable, which I have conceived and/or made during my employment or association with the Company, whether or not during working hours, and which have or may have any applicability to any aspect of the business of the Company, shall be the sole and exclusive property of the Company, and by the execution hereof, I hereby irrevocably assign, transfer and convey to the Company all of my right, title and interest in and to all Inventions, which may be developed during my employment or association with the Company (solely or jointly with others). I shall inform the Company of any Inventions promptly after it has been conceived and/or made in the detail necessary to permit the Company to understand the same and practice them without the exercise of further inventive skill. When required to do so by the Company, I shall execute any and all documents necessary to desirable to convey title in any copyright or patent applications covering any of such Inventions in India or in foreign countries. However, the failure on my part to so execute any such documents shall in no way be deemed to affect the assignment, transfer and conveyance of such Inventions to the Company hereby.

- c. Maintenance of Records. I agree to keep and maintain adequate and current written records of all Inventions made by me (solely or jointly with others) during the terms of my employment with the Company. The records will be in the form of notes, sketches, drawings, and any other format that may be specified by the Company. The records will be available to and remain the sole property of the Company at all times.

- d. Patent and Copyright Registrations I agree to assist the Company, or its designee, at the Company's expense, in every proper way to secure the Company's rights in the Inventions and any copyrights, patents, mask work rights or other intellectual property rights relating thereto in any and all countries, including the disclosure to the Company of all pertinent information and data with respect thereto, the execution of all applications, specifications, oaths, assignments and all other instruments which the Company shall deem necessary in order to apply for and obtain such rights and in order to assign and convey to the Company and its nominees the sole and exclusive rights, the title and interest in and to such Inventions, and any copy rights, patents, mask work rights or other intellectual property rights relating thereto. I further agree that my obligation to execute or cause to be executed, when it is in

Signature _____

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my power to do so, any such instrument or papers shall continue after the termination of my employment or cessation of my association with the Company. If the Company is unable, because of my mental or physical incapacity or for any other reason, to secure my signature to apply for or to pursue any application for any Indian or foreign patents or copyright registrations covering Inventions or original works of authorship assigned to the Company as above, then I hereby irrevocably designate and appoint the Company and its duly authorized officers and agents as my agent and attorney in fact, to act for and in my behalf and stead to execute and file any such applications and to do all other lawfully permitted acts to further the prosecution and issuance of letters patent or copyright registrations thereon with the same legal force and effect as if executed by me.

4. Non-Competition I agree that, during the term of my employment or association with the Company, I will not engage in any other employment, occupation, consulting or other business activity with any Third Parties, directly related to the business in which the Company is now involved or becomes involved during the term of my employment, nor will I engage in any other activities that conflict with my obligations to the Company. I also agree that after the termination of my employment or cessation of my association with the Company for any reason whatsoever, I shall not undertake any employment or enter into any kind of association with any Third Parties for a period of eighteen (18) months in India or any place outside India where I was posted by the Company in the last eighteen (18) months prior to the termination of my employment or cessation of my association with the Company, where such Third Parties are in competitive business with the Company and whereby to carry out my functions with such Third Parties I may be obliged to use any of the Confidential Information, Proprietary Information, Inventions belonging to the Company or Third Party Information made available to the Company. I further agree that I shall abide by the provisions of Exhibit B as and where applicable to myself. I understand that if I violate the above undertaking then I shall be liable for suitable damages, which will be decided at the discretion of the Company after taking into consideration the nature and extent of the violation. I acknowledge that the Confidential Information, Proprietary Information or Inventions constitute one of Company's main strengths, and that the Company has a legitimate interest in including a non-competition clause in this Agreement. I also agree that if any of the provisions of this Agreement is violated or likely to be violated then the Company shall also be entitled to move for injunction against me before a competent court

5. Returning Company Documents I agree that, at the time of leaving the employment or on the cessation of my association with the Company, I will deliver to the Company (and will not keep in my possession, recreate or deliver to anyone else) any and all Confidential Information, Proprietary Information or Inventions or reproductions of any aforementioned items developed by me pursuant to my employment or association with the Company or otherwise belonging to the Company.

6. Protection of Systems & Environment I agree that during the term of my employment or association with the Company, I shall render services, as directed, in an ethical & professional manner and in accordance with the work related Policies of the Company such as E-mail & Internet usage Policy, Information Security Policy etc., and their modifications from time to time. I understand that as part of my job requirement, I may be required to or would have access to Company's and Company customer's work and computer environment and as such undertake not to incorporate into Company's and any customer deliverables, software, computer, network, data or other electronically stored information or computer program or system, any security device, program routine, device, code or instructions (including any code or instructions provided by third parties) or other undisclosed feature, including, without limitation, a time bomb, virus, software lock, drop-dead device, digital rights management tool (including without limitation so-called DRM root kits), malicious logic, worm, trojan horse, trap door, or other routine, device, code or instructions with similar effect or intent, that may be capable of accessing, modifying, deleting, damaging, disabling, deactivating, interfering with, shutting down, or otherwise harming any software, computer, network, deliverables, data or other electronically stored information, or computer programs or systems, unless specifically and expressly directed in writing by the Company to do so.

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I understand that any violation or likely violation hereof may expose the Company to enormous losses & damages, including without limitation claims from Company's customers and as such the Company will be entitled to recover all such monies from me.

7. Notification to New Employer In the event that I leave the employment or if my association with the Company ceases, I hereby grant consent to notification by the Company to my new employer about my rights and obligations under this undertaking.

8. Solicitation of Employees For a period of eighteen (18) months after termination of my employment or cessation of my association with the Company for any reason whatsoever, I shall not solicit or cause or authorize directly or indirectly to be solicited for employment, or cause or authorize directly or indirectly to be employed on my own behalf or on behalf of any Third Parties, any person who is an employee of the Company. I also agree not to use or disclose to any Third Parties any information obtained by myself while being an employee of the Company concerning the names and addresses of the Company's past and present employees.

9. Solicitation of Customers I agree that during the term of my employment or association with the Company and for a period of eighteen (18) months thereafter, I shall not solicit or cause or authorize directly or indirectly to be solicited, or accept or cause or authorize directly or indirectly to be accepted, for or on behalf of myself or Third Parties, any business from any Third Parties who are, at any time within eighteen (18) months prior to termination of my employment or cessation of my association, customers or prospects of the Company.

10. Solicitation of Business Partners I agree that during the term of my employment or association with the Company and for a period of eighteen (18) months thereafter, I shall not solicit or authorize directly or indirectly to be solicited for or on behalf of myself or any Third Parties any of the Principals, Distributors, Agents, Re-sellers, Joint Venture Partners, Dealers, any major Suppliers or any business partners of the Company, who have at any time within eighteen (18) months prior to the termination of my employment or cessation of my association have a relationship with the Company, to disassociate or modify their relationship with the Company to my benefit or to the benefit of any Third Parties. This shall include any of the parties with whom the Company made substantial progress in negotiating any relationship in the nature described above.

11. Representations I agree to execute any proper oath or verify any proper document required to carry out the terms of this Agreement. I represent that my performance of all the terms of this Agreement will not breach any agreement to keep in confidence proprietary information acquired by me in confidence or in trust prior to my employment or association with the Company. I have not entered into, and I agree I will not enter into, any oral or written agreement in conflict herewith.

12. General Provisions

- **Governing Law: Consent to Personal Jurisdiction:** The laws of the Republic of India shall govern this Agreement. I hereby expressly consent to the jurisdiction of such competent courts in India for any lawsuit filed there against me by the Company arising from or relating to this Agreement.
- **Entire Agreement:** This Agreement and my employment agreement with the Company set forth the entire agreement and understanding between the Company and me relating to the subject matter herein and merges all prior agreements and discussions between us. No modification or amendment to this Agreement, nor any waiver of any rights under this agreement, will be effective unless in writing signed by the party to be charged. Any subsequent change or changes in my duties, salary or compensation will not affect the validity or scope of this Agreement.
- **Severability:** If one or more of the provisions in this Agreement are deemed void by law, then the remaining provisions will continue in full force and effect.

Dated: 11 Jan 2021

Signature

MAHALAKSHMI KEERTHANA PADALA

Name of Employee (typed or printed)

Witness Name _____

Witness Signature _____

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EXHIBIT A

LIST OF PRIOR INVENTIONS
AND ORIGINAL WORKS OF AUTHORSHIP

Title	Date	Identifying Number or Brief Description
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_____ No inventions or improvements

_____ Additional Sheets attached

Print Name of Employee: **MAHALAKSHMI KEERTHANA PADALA**

Date: **11 Jan 2021**

Signature_____

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EXHIBIT B

The following are the activities, as applicable, the Employee has agreed not to do after the termination of his employment or cessation of his association with the Company. These are not exhaustive in nature and are in addition to the obligations he has already undertaken in the Agreement:

1. Shall not during the term of his employment or association with the Company and for a period of eighteen (18) months thereafter, solicit or cause or authorize directly or indirectly to be solicited, or accept or cause or authorize directly or indirectly to be accepted, for or on behalf of himself or any Third Parties any project on which he had worked for any customer(s) of the Company in a period of eighteen (18) months prior to the termination of his employment or cessation of his association with the Company. He shall also not work on any project(s) similar to any project(s), he is or was working for any customer(s) of the Company for a period of eighteen (18) months prior to the termination of his employment or cessation of his association with the Company, for any competitor(s) of the said customer(s) of the Company during the term of his employment or association with the Company and for a period of eighteen (18) months thereafter.
2. Cannot make use of any exclusive project related technology applied by the Company and about, which he came to know during his employment or association with the Company.
3. Cannot work on similar project(s), for and on behalf of any Third Parties, which he is or was working on for a period of eighteen (18) months prior to the termination of his employment or cessation of his association with the Company, using non-generic (specific methodology, techniques etc.) skills acquired during his employment or association with the Company.
4. Cannot use or divulge any proprietary or confidential tool, technology, methods, processes, project methodology of the Company as well as that of any of the clients or customers of the Company for which he worked or came into contact during his employment or association with the Company.
5. Cannot prospect with customers visited as the Company sales employee for a period up to 18 months from cessation of service. Cannot also make sales calls to any prospect in the concerned region of the geography of the Company for a period of 18 months from cessation of service.
6. Cannot join the sales department of such Third Parties who are or were customers of the Company for eighteen (18) months prior from the date of the termination of his employment or cessation of his association with the Company and with which he was dealing with directly as the contact person for the Company.
7. Cannot divulge to any Third Parties about the sales revenues of the Company from its customers in India or any place outside India where he was posted by the Company in the last eighteen (18) months prior to the termination of his employment or cessation of his association with the Company or the sales revenue of any other territory if he came to know about the same because of his employment or association with the Company.
8. Cannot divulge or use or share with any Third Parties the sales and marketing strategy and competition, sales plans, account plans, strategies, documents and presentations and any related information about the Company, which are in the nature of proprietary information of the Company and, which he came to know about because of his

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employment or association with the Company, for his own benefit or for the benefit of any Third Parties for eighteen (18) months prior to the termination of his employment or cessation of his association with the Company.

9. Cannot divulge or use, utilize, divulge or share with any Third Parties any information, facts, information, documents and any related information about the Company, which are in the nature of proprietary information of the Company or otherwise and, which he came to know about because of his employment or association with the Company, for his own benefit or for the benefit of any Third Parties for eighteen (18) months prior to the termination of his employment or cessation of his association with the Company.

Signature_____

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Internet Usage and Electronic Mail Policy

Objective:

To lay down the rules and regulations governing usage of HCL Technologies' Internet Connectivity and E-mail facility for enhanced operational performance and adhering to legal, security and safety requirements.

Scope:

This Policy is applicable to all employees of HCL Technologies who access Internet and E-mail from their work premises, whether at HCL Technologies centers and offices or at on-site assignment locations/customer premises. This guideline is applicable to all systems under the jurisdiction and/or ownership of HCL Technologies, inclusive of hired systems.

Need for Policy:

- Loss of confidential data: Company sensitive information may leak out through E-mail, FTP or Newsgroup Communications.
- Potential Legal liabilities or negative publicity through inappropriate usage of Internet.
 - Violation of software licensing laws by illegally downloading unlicensed software from Internet.
 - Conduct of personal business using company resources.
 - Visit to inappropriate sites allowing company domain to be captured, possibly resulting in negative publicity
- Loss of employee productivity: Management is concerned about the impact of non-business related surfing on employee productivity and cost associated with wasted time/salary.
- Internet Access is not free. Non-business usage of Internet results in real costs to the organization- for example, the cost to upgrade network resources such as leased lines, routers, and disk storage in order to handle increased load.

Internet:

- Company provides access to vast information resources of the Internet to help the employees do their jobs faster and smarter and be a well-informed business citizen. Company in turn expects the employees to use these resources optimally.
- All existing company policies apply to their conduct on the Internet especially those that deal with intellectual property protection, privacy, sexual harassment, information and data security.
- Each employee using the Internet facilities shall identify himself/herself honestly and completely when participating in chats, Newsgroups
- Any unauthorized downloaded software via Internet into the company's network is a legal liability to the company. Any such files / softwares may be used only in ways that are consistent with licenses or copyrights.
- Any unusual activity observed in Internet usage shall be reported as an Information Security incident. Refer to Incident Reporting Template in ISMS.

Signature _____

Note: Refer to Internet Usage Guidelines in ISMS for additional information.

E-Mail:

- The use of email systems must be related to business needs. Incidental or occasional personal use of email may occur when such use does not generate a direct cost for HCL Technologies.
- HCL Technologies is committed to respecting the rights of its employees, including their reasonable expectation of privacy. HCL will not monitor electronic mail as a routine matter but it may do so to the extent permitted by laws, as HCL Technologies deems necessary for purposes of maintaining the integrity and effective operation of the electronic mail systems.
- To the extent permitted by law, HCL Technologies reserves the right to access and disclose the contents of user's electronic mail.
- Company reserves the right to intercept and filter out incoming attachments in e-mails, if found malicious and unauthorized.
- All messages generated on or handled by electronic communications systems, including back-up copies are considered to be the property of HCL Technologies and are not the property of users of the electronic communication services.
- Any unusual activity observed in E-mail usage shall be reported as an Information Security incident. Refer Incident Reporting Template.

Note: Refer to Electronic Mail Guidelines in ISMS.

E-mail Etiquette:

- Write well-structured mails. Always include a short and descriptive and meaningful subject heading.
- Compress attachments whenever possible.
- Do not send unnecessary attachments.
- Clean up e-mails before forwarding them, so that the original idea is not hidden in obfuscation.
- Don't send or forward e-mails containing libelous, defamatory or offensive remarks.
- Only mark emails as important/priority if they are really important.
- Don't write emails in Capital letters.
- Include your name, job title, contact details in the signature.

Signature_____

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Undertaking on Information Security Policy Compliance

E-Mail Policy:

I have read and understood the Company's Electronic Mail Policy. I fully understand the terms of this policy and agree to abide by them. I realize that the company's security software may scan and record, for management use, all mails I send and receive

Internet Policy:

I have read and understood the company's Internet usage policy. I fully understand the terms of this policy and agree to abide by them. I realize that the company's security software may record the Internet address of any site that I visit and keep a record of any network activity in which I transmit or receive, for management use.

Camera Usage Policy:

I understand that photography inside Company's premises is not permitted through the usage of any device. Mobile phones and similar devices with cameras shall be utilized for voice communication and short messaging service purposes only.

Removable Media Usage Policy:

I understand that usage of any unauthorized removable media inside the Company's premises with the intent of copying information is strictly prohibited. Any violation could lead to dismissal or even criminal prosecution.

I am aware and accept applicable disciplinary actions, including dismissal or criminal prosecution, in case of violating the above policies.

SAM- Clause:

I agree to abide by all terms and conditions listed in the Software Asset Management (SAM) Policy at all times. I will ensure that software will be installed on my machine only after I have received the requisite approvals for the same. I also agree to keep track of the software inventory on my machine(s), and to take necessary corrective actions if any installation is not in accordance with the SAM Policy. I further agree that the company will not accept any liability in respect of any unauthorized use of software and I shall be personally liable for any damages or other liability arising on account of violation of SAM policy.

Signature _____

Name: MAHALAKSHMI KEERTHANA PADALA

Employee Code: 51916423

Place: Chennai

Date: 11 Jan 2021

L.O.B.: BTIS - EDS

Facility: Chennai-AMB-6, Amb. Ind. Est., MTH Rd, ODC

(To be retained by the employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANISATION**Employee's Provident fund Scheme, 1952 (Paragraph 34 & 57) &****Employee's 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	MAHALAKSHMI KEERTHANA PADALA
2	Father's Name : <input type="checkbox"/> Spouse's Name : <input type="checkbox"/> (Please tick whichever is applicable)	
3	Date of Birth: (DD/MM/YYYY)	07/10/2002
4	Gender: (Male/Female/Transgender)	Female
5	Marital Status: (Married/Unmarried/Widow/Divorcee)	Single
6	(a) Email Id : (b) Mobile No.:	(a) keerthanarao1010@gmail.com (b) 9618403105
7	Whether earlier a member of Employee's Provident Fund Scheme, 1952	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Whether earlier a member of Employee's Pension Scheme, 1995	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 :	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	b) If yes, state country of origin (India/Name of the other country)	
	c) Passport No.	
11	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	
	KYC Details: (attach self attested copies of following KYCs)	
	a) Bank Account No. & IFS Code	
	b) AADHAR Number	407951789315
	c) Permanent Account Number (PAN), if available	IOKPK7735C

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 : **11/01/2021**Place : **Chennai**

Signature of Member

DECLARATION BY PRESENT EMPLOYER

A. The member Mr./Ms./Mrs. has joined on and has been allotted PF Number

B. 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

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 (Form-13) for transfer of funds from his previous establishment.

Date :

Signature of Employer with Seal of Establishment

FORM "F"**Emp.Code No. 51916423**

See sub-rule(1) of Rule 6

NOMINATION

To

M/s. HCL Technologies Limited
A-11, Sector-16
Noida - 201 301

1. Mr/Ms. MAHALAKSHMI KEERTHANA PADALA(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 (s) 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 upon 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 provision to clause (h) of Section 2 of the Said Act
6. Nomination made herein invalidates my previous nomination.

NOMINEE (S)

Name of nominee/nominees	Address of Nominee	Nominee's relationship with the Employee	Age of Nominee	Proportion by which the Gratuity will be shared
APPARAO PADALA	NARSIPATNAM SANTHINAGAR	Father	51	50
SATYA PRABHA PADALA	NARSIPATNAM SANTHINAGAR	Mother	50	40
MEGHANA RAMALAKSHMI PADALA	NARSIPATNAM SANTHINAGAR	Sister	21	10

Signature_____

STATEMENT

Name of the employee in Full MAHALAKSHMI KEERTHANA PADALA

Sex F

Religion Apostolic

Whether Unmarried/Married/Widow/Widower Single

Department/Branch/Section where employed _____

Post Held with Emp.Code No.,if any _____

Date of Appointment 11 Jan 2021

C/O : NA,

Permanent Address of the employee D/O PADALA APPARAO 9-4-137 F-3 VIJAYA RESIDENCY
SANTHINAGAR,BHALIGHATAM,NARSIPATNAM,VISAKHAPATANAM,
Andhra Pradesh,India,
531116, Telephone No : 9290550103

Place Chennai

Date 11 Jan 2021

Signature or thumb impression of the Employee

DECLARATION BY WITNESSES

Nomination signed/thumb - impressed before me

Name in full and full addresses of witnesses

1 _____

Place _____

2 _____

Date 11 Jan 2021

Signature of Witnesses :

1 _____

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 or other
 Authorised Officers of the Establishment.
 Designation

Dated the : _____

Name and Address of the
 Establishment or Rubber Stamp Thereof

NOMINATION FORM**Emp.Code No. 51916423**

To

M/s. HCL Technologies Limited**A-11, Sector-16****Noida - 201 301**

1. I, Mr/Ms. MAHALAKSHMI KEERTHANA PADALA (Name in Full here) , hereby nominate the person(s) mentioned below to receive the benefits under the Term Life and Group personal accident Policy , payable after my death in proportion indicated against the name(s) of the nominee(s).
2. This document supercedes any previous nominations.

NOMINEE (S)

Name of nominee/nominees	Address of Nominee	ID No.	Nominee's relationship with the Employee	Age of Nominee	Proportion by which the Insurance amount will be shared	Name of Guardian (In case nominee is a minor)
APPARAO PADALA	NARSIPATNAM SANTHINAGAR		Father	51	50	
SATYA PRABHA PADALA	NARSIPATNAM SANTHINAGAR		Mother	50	40	
MEGHANA RAMALAKSHMI PADALA	NARSIPATNAM SANTHINAGAR		Sister	21	10	

Note : * ID No. could be either Passport No. / Driving License No. / Voter's ID No. / PAN Card No

Signature_____

Name of the employee in Full	<u>MAHALAKSHMI KEERTHANA PADALA</u>
Father's / Husband's Name	_____
Residential Address	<u>C/O : NA, D/O PADALA APPARAO 9-4-137 F-3 VIJAYA RESIDENCY SANTHINAGAR,BHALIGHATAM,NARSIPATNAM,VISAKHAPATANA M, Andhra Pradesh,India, 531116, Telephone No : 9290550103</u>
Gender	<u>F</u>
Marital Status	<u>Single</u>
Date of Birth	<u>07 Oct 2002</u>
Designation	<u>Software Engineer</u>
Emp. Code No.	<u>51916423</u>
Date of Appointment	<u>11 Jan 2021</u>
Place	<u>Chennai</u>
Date	<u>11 Jan 2021</u>
Signature or thumb impression of the Employee	
DECLARATION BY WITNESSES	
Nomination signed/thumb - impressed before me	
Name in full and full addresses of witnesses	
1	
2	
<u>Signature of witnesses :</u>	
1	Date: 11 Jan 2021 Place:.....
2	Date: 11 Jan 2021 Place:.....

FORM 2 (Revised)Emp.Code No.51916423**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)

Name (in Block letters) MAHALAKSHMI KEERTHANA PADALA

Father's/Husband's Name

Date of Birth 07 Oct 2002

Sex F

Marital Status Single

Account No. HR/5572/

Permanent Address C/O : NA,
D/O PADALA APPARAO 9-4-137 F-3 VIJAYA RESIDENCY
SANTHINAGAR,BHALIGHATAM,NARSIPATNAM,VISAKHAPATANAM,
Andhra Pradesh,India,
531116, Telephone No : 9290550103

Temporary Address

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 of nominee/nominees	Address of Nominee	Nominee's relationship with the Employee	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
APPARAO PADALA	NARSIPATNAM SANTHINAGAR	Father	21 Aug 1969	50	
SATYA PRABHA PADALA	NARSIPATNAM SANTHINAGAR	Mother	09 Jun 1970	40	
MEGHANA RAMALAKSHMI PADALA	NARSIPATNAM SANTHINAGAR	Sister	08 Jun 1999	10	

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 Employee

*Strike out whichever is not applicable.

Part B (EPS) (PARA18)

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.

Name	Address	Date of Birth	Relationship with member

** 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 of the Nominee	Address of the Nominee	Date of Birth	Relationship with member
APPARAO PADALA	NARSIPATNAM SANTHINAGAR	21 Aug 1969	Father
SATYA PRABHA PADALA	NARSIPATNAM SANTHINAGAR	09 Jun 1970	Mother
MEGHANA RAMALAKSHMI PADALA	NARSIPATNAM SANTHINAGAR	08 Jun 1999	Sister

Date: 11 Jan 2021

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. **MAHALAKSHMI KEERTHANA PADALA** employed in my establishment after he/she has read the entries/entries have been read over to him/her by me and not confirmed by him/her.

Shilpa Agarwal

place : _____

Signature of the employer or other
Authorised Officers of the Establishment.

Designation_____

Dated the : _____

Name & Address of the Factory/
Establishment or Rubber Stamp Thereof

Information Release Authorization

- I certify that the statements made in this application are valid and complete to the best of my knowledge. I understand that false or misleading information may result in termination of employment.
- If upon investigations, any of this information is found to be incomplete or inaccurate, I understand that I will be subject to dismissal at any time during my employment.
- I hereby authorize **HCL technology Ltd** and/or any of its subsidiaries or affiliates and any persons or organizations acting on its behalf (**TP -----**), to verify the information presented on this application form and to procure an investigative report or consumer report for that purpose.
- I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous records. In addition, please provide any other pertinent information requested by the individual presenting this authority.
- I hereby release from liability all persons or entities requesting or supplying such information.
- I authorize HCL Technology Ltd. to contact my present employer. Yes No
- I have read, understand, and by my signature consent to these statements.

Name (In Block Letters): MAHALAKSHMI KEERTHANA PADALA**Date: 11 Jan 2021****Documents Required(Compulsory)**

Completed & Signed Application Form

Two Passport Size Photographs

Copy of Relevant Education Certificates

Current Address Proof (if stay at current address > 6 months) else
Longest Stay Address Proof. Please note: Your name should be mentioned on the address proof. **Accepted address proofs:** MTNL Bill / Electricity Bill/ Copy of Rent Agreement/ Passport/ Voter Id/ Driving License.

Copy of all past Employment Relieving Letters / Salary Slips

Signature_____

*All details are compulsory**Strictly Private & Confidential*



घोषणा पत्र DECLARATION FORM

घोषणा पत्र कर्मचारी द्वारा भरा जाएगा । फार्म के साथ पासपोर्ट आकार के दो फोटोग्राफ भी लगाए जाने चाहिए । फार्म भरने से पहले पीठ पृष्ठ पर दी गई हिदायतों को भली-भांति पढ़ लेना चाहिए । यह फार्म निःशुल्क है ।

To be filled in by the employee after reading instructions overleaf. Two Postcard Size photographs are to be attached with this form. This form is free of cost.

(क) बीमाकृत व्यक्ति का विवरण

(A) INSURED PERSON'S PARTICULARS

1. बीमा संख्या/Insurance No.					
2. नाम (स्पष्ट अक्षरों में) Name (in block letters)	Mahalakshmi Keerthana Padala				
3. पिता/पति का नाम Father's/Husband's Name	APPARAO PADALA				
4. जन्म तिथि/Date of Birth	दिन D	महीना M	वर्ष Y	5. वैवाहिक स्तर Marital Status	विवाहित/ अविवाहित/विधवा M/U/W -U
	7	10	2002	6. लिंग /Sex	पु./म./M/F -F
7. वर्तमान पता/Present Address NA D/O PADALA APPARAO 9-4-137 F-3 VIJAYA RESIDENCY SANTHINAI BHALIGHATAM NARSIPATNAM ,VISAKHAPATANAM ,Andhra Pradesh ,India पिन कोड Pin Code	8. स्थायी पता/ Permanent Address NA D/O PADALA APPARAO 9-4-137 F-3 VIJAYA RESIDENCY SANTHINAI BHALIGHATAM NARSIPATNAM ,VISAKHAPATANAM ,Andhra Pradesh ,India पिन कोड Pin Code				
	5 3 1 1 1 6				
टेलीफोन नम्बर/ई-मेल नंबर/e-mail address 9618403105	टेलीफोन नम्बर/ई-मेल नंबर/e-mail address 9290550103				
शाखा कार्यालय Branch Office	औषधालय Dispensary				

(ख) नियोजक का विवरण

(B) EMPLOYER'S PARTICULARS

9. नियोजक की कूट संख्या Employer's Code No.	-		
10. नियुक्ति की तिथि Date of Appointment	दिन Day	महीना Month	वर्ष Year
	11	1	2021
11. नियोजक का नाम और पता/Name & Address of the Employer			
12. यदि पहले नियोजन में रहे हैं तो कृपया निम्नलिखित विवरण दीजिए In case of any previous employment please fill up the details as under:-			
क) पिछली बीमा संख्या a) Previous Ins. No.			
ख) नियोजक कूट संख्या b) Emplr's. Code No.			
ग) नियोजक का नाम व पूर्ण पता c) Name & address of the Employer			
टेलीफोन नम्बर/ई-मेल नंबर/e-mail address			

(ग) मृत्यु की स्थिति में नकद हितलाभ के भुगतान के लिए क.रा.बी. अधिनियम 1948 की धारा 71/क.रा.बी. (केन्द्रीय) नियम 1950 के नियम 56(2) के अन्तर्गत नामित के ब्योरे।

(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.

नाम /Name	संबंध/Relationship	पता /Address
APPARAO PADALA	Father	NARSIPATNAM SANTHINAGAR

मैं घोषणा करता/करती हूँ कि मेरे द्वारा प्रस्तुत किया गया ब्योरा मेरी जानकारी और विश्वास के अनुसार सही है । मैं अपने परिवार के सदस्यों में हुए परिवर्तन की सूचना 15 दिन के भीतर प्रस्तुत करने का वचन भी देता/देती हूँ ।

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.

नियोजक के प्रतिहस्ताक्षर

Counter signature by the employer

बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठा निशान

Signature/T.I. of IP

हस्ताक्षर/सील

Signature with seal

(घ) बीमाकृत व्यक्ति के परिजनों का विवरण/

(D) FAMILY PARTICULARS OF INSURED PERSON

क्र.सं. Sl. No.	नाम Name	फार्म भरने की तारीख को आयु Date of Birth/Age as on date of filling form	कर्मचारी के साथ संबंध Relationship with the Employee	क्या उनके साथ रह रहे हैं Whether residing with him/her?	यदि नहीं तो आवास का स्थान दर्शाएं If 'No', state place of Residence
1.	MEGHANA RAMALAKSHMI PADALA	08/06/1999	Sister	हाँ/Yes	उप नगर/Town
2.	APPARAO PADALA	21/08/1969	Father		राज्य/State
3.	SATYA PRABHA PADALA	09/06/1970	Mother		
4.					
5.					
6.					
7.					
8.					

क.रा.बी. निगम
अस्थायी पहचान पत्र
ESI Corporation
Temporary Identity Card

(नियुक्ति की तिथि से 3 मास तक वैध)
(valid for 3 months from the date of appointment)

नाम/Name		
बीमा संख्या/Ins. No.		नियुक्ति की तिथि/Date of appointment
शाखा कार्यालय Branch Office		औषधालय Dispensary
नियोजक की कूट संख्या व पता Employer's Code No. & Address		

स्वयं एवम परिवार का फोटोग्राफ
(Space for photograph)

वैधता:

Validity:

दिनांक : 11 Jan 2021
Dated :

बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठे का निशान
Signature/T.I of I.P

मोहर सहित शाखा कार्यालय प्रबंधक के हस्ताक्षर
Signature of B.M. with seal

अनुदेश
INSTRUCTIONS

1. फार्म-1 का प्रेषण क.रा.बी. (साधारण) विनियमावली-1950 के विनियम 11 व 12 के अन्तर्गत विनियमित किया जाता है।
Submission of Form-I is governed by regulations 11 & 12 of ESI (General)Regulations, 1950.
2. परिवार का अर्थ है (1) पति/पत्नी (2) बीमाकृत व्यक्ति की आय पर आश्रित वैध अथवा गोद लिये अवयस्क बच्चे/अविवाहित पुत्री (3) 21 वर्ष की आयु तक बीमाकृत व्यक्ति पर आश्रित वैध अथवा गोद लिया हुआ व्यस्क बच्चा यदि शिक्षा प्राप्त कर रहा हो (4) पूरी तरह बीमाकृत व्यक्ति की आय पर निर्भर अशक्त बच्चा (5) आश्रित माता-पिता क.रा.बी. अधिनियम की धारा-2 के अन्तर्गत परिभाषित और स्थानीय परिवारजन चिकित्सा देखरेख के हकदार हैं।
“Family” means all or any of the following relatives of an Insured Person namely:-
(i) a spouse (ii) a minor legitimate or adopted child dependant upon the I.P.; (iii) a child who is wholly dependant on the earnings of the I.P. and who is (a) receiving education, till he or she attains the age of 21 years (b) an unmarried daughter ; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependant on the earnings of the I.P. so long as the infirmity continues; (v) dependant parents (Please see Section 2 clause 11 of the ESI Act 1948 for details).
3. पहचान-पत्र अहस्तान्तरणीय है।
Identity Card is Non-transferable.
4. पहचान-पत्र गुम होने की स्थिति में नियोजक/शाखा कार्यालय प्रबंधक को तत्काल सूचित किया जाए ।
Loss of Identity Card be reported to Employer/Branch Manager immediately.
5. किसी प्रकार की गलत सूचना देने की स्थिति में क.रा.बी. अधिनियम-1948 की धारा-84 के तहत कानूनी कार्यवाही की जा सकती है।
Submission of false information attracts penal action under Section 84 of ESI Act, 1948.
6. नई नियुक्ति की स्थिति में भली-भांति भरा हुआ यह फार्म नियुक्ति के दस दिन के भीतर संबंधित स्थानीय कार्यालय में अवश्य ही प्रस्तुत किया जाना चाहिए। विलम्ब की स्थिति में नियोजक के विरुद्ध धारा-85 के तहत कानूनी कार्यवाही की जा सकती है।
This form duly filled in must reach the concerned Branch Office within 10 days of appointment of an Employee. Delay attracts penal action under Section 85 of the Act, against employer.
7. बीमाकृत व्यक्ति अंशदायी शर्तें पूरी करने पर निम्नलिखित हितलाभ प्राप्त कर सकेगा (1) बीमारी हितलाभ (2) अस्थायी अपंगता हितलाभ (3) स्थायी अपंगता हितलाभ (4) आश्रित जन हितलाभ (5) प्रसूति हितलाभ (महिला कर्मचारी के लिए)।
As an Insured Person you and your dependent family members are entitled to full medical care. The other benefits in cash include (1) Sickness Benefit (2) Temporary Disablement benefit (3) Permanent disablement Benefit (4) Dependents benefit and (5) Maternity Benefit (in case of women employees) subject to fulfillment of contributory conditions.
8. अधिक जानकारी के लिये निगम के वेबसाइट www.esic.org.in को देखें या स्थानीय कार्यालय या क्षेत्रीय कार्यालय से सम्पर्क करें।
For more details please visit website of ESIC at www.esic.org.in or contact Regional office or Branch Office.

केवल शाखा कार्यालय में प्रयोग हेतु
FOR BRANCH OFFICE USE ONLY

1. बीमा संख्या आबंटन की तारीख :
Date of Allotment of Ins. No. : _____

2. अ.प.प. जारी करने की तारीख :
Date of Issue of TIC : _____

3. औषधालय का नाम/संख्या :
Name/No. of Disp. : _____

4. क्या अन्य चिकित्सा व्यवस्था उपलब्ध है,? यदि हां, तो उल्लेख करें :
Whether reciprocal Medical arrangements involved? If yes, please indicate:
.....

प्रबन्धक के हस्ताक्षर
Signature of Branch Manager

क्र.सं. Sl. No.	नाम Name	फार्म भरने की तारीख को आयु Date of Birth/Age as on date of filling form	कर्मचारी के साथ संबंध Relationship with the Employee	क्या उनके साथ रह रहे हैं Whether residing with him/her?		यदि नहीं तो आवास का स्थान दर्शाएं If 'No', state place of Residence	
1.	MEGHANA RAMALAKSHMI PADALA	08/06/1999	Sister	हाँ/Yes	नहीं/No	उप नगर/Town	राज्य/State
2.	APPARAO PADALA	21/08/1969	Father				
3.	SATYA PRABHA PADALA	09/06/1970	Mother				
4.							
5.							
6.							
7.							
8.							

Signature_____