



DATE OF APPLICATION

WORK PERMIT NUMBER

NAME OF HELPER

05 Jul 2022

0 38839020

NEHA PRADHAN

To be signed by the various parties and uploaded when you get the pass issued



TYPE OF APPLICATION STANDARD APPLICATION

Part I. Helper and employment

About the helper

Full name NEHA PRADHAN Date of birth 10 Nov 1998

FIN - Birth place India

Work Permit number 0 38839020 Birth province Chhattisgarh

Passport number U2494528 Religion Hindu
Passport expiry date 29 Jun 2032 Ethnic group Indian

Immigration pass Not in Singapore 8 years of formal education? Yes

Nationality Indian Highest education level Secondary without spm

Nationality province Chhattisgarh

Gender Female Marital status Single

Marital status Single

Monthly salary \$400

Monthly salary \$400

Rest days per month 1

About the employment

Employer's name MOHANLAL NILESH

TAWRI

Place of employment 115 POTONG PASIR

AVENUE 1

#04-882

Singapore 350115





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05 Jul 2022 0 38839020 **NEHA PRADHAN**

Part I. Declaration by foreign domestic worker

I declare that:

- 1. I have read and understood the conditions of Work Permit, which are set out in the Employment of Foreign Manpower (Work Passes) Regulations 2012, available at www.mom.gov.sg
- 2. I have had at least eight years of formal education and have the certificates to prove this. (This does not apply to you if you have been employed as a foreign domestic worker or confinement nanny in Singapore before.)
- 3. I have never been convicted of a criminal offence in any country or state.
- 4. For the purpose of assessing this application, I consent for the Government of Singapore and its statutory authorities to obtain from and verify information (including my medical records and information relating to them) with any person, organisation or any other source, and to disclose such information (including my medical records and information relating to them) to its authorised agents. For the purpose of my employment, I also consent for the Government of Singapore and its statutory authorities to display my employment information on the MOM's work pass systems, and to disclose such information to any relevant person or organisation.
- 5. I understand I have the option to set up a POSB bank account to receive my salary and get a free Centre for Domestic Employees (CDE) membership. If I choose to set up my POSB bank account and CDE membership, I confirm that I:
 - a. Have given my employer my written consent to submit my bank account application and any declarations to POSB
 - b. Have provided true and correct information to my employer for the bank account application
 - c. Allow the Ministry of Manpower to send my personal details to POSB and CDE
 - d. Allow CDE to use and store my personal details and contact me about my membership and participation in activities
- 6. I consent to the Ministry of Manpower displaying my work pass details when my work pass card is scanned using the Ministry of Manpower's work pass mobile application.
- 7. All the documents that have been submitted on my behalf in support of this Application for a Work Permit are true copies of the authentic
- 8. I declare that in relation to my COVID-19 vaccination status, I will adhere to all vaccination requirements, as set out in: https://www.mom.gov.sg/vac-reqmts.
 - This is undertaken in accordance with the following where applicable the prevailing guidelines of the Singapore Ministry of Health and Ministry of Manpower, or the Employment of Foreign Manpower (Work Passes) Regulations 2012.
 - To meet the requirements above, I declare that I have read the guidelines contained in https://www.mom.gov.sg/vac-reqmts.
- 9. I am aware that if I have stated or provided any information within this Declaration that I know to be false or do not believe to be true, I may be subjected to enforcement action including prosecution, the cancellation of the in-principle approval and the revocation of my Work Permit.

Name of worker NEHA PRADHAN	Work Permit number of worker 0 38839020
Signature of worker	Date (DD-MM-YYYY)





DATE OF APPLICATION WORK PERMIT NUMBER NAME OF HELPER 05 Jul 2022 0 38839020 **NEHA PRADHAN**

Part II. Prospective employer

Gender

About the employer

About the employer's spouse

Gender

MOHANLAL NILESH SHRRADDHA MAHES Full name Full name

TAWRI HWARI Male **Female**

06 Apr 1988 25 Jun 1991 Date of birth Date of birth

Indian Indian Nationality Nationality

Employment or S pass Employment or S pass Residential status Residential status

> GXXXX490W GXXXX163R

Z5298037 L5740925 Passport number Passport number

30 Dec 2028 16 Oct 2023 Passport expiry date Passport expiry date

Married Marital status

HDB 3 rooms Housing type

Contact details Income details

Employer's and Income used for application Mobile number +65 84245935

Spousé's income

NILESHTAWRI@GMAIL Email \$10,000 - \$12,499 Monthly income range .COM

IRAS

115 POTONG PASIR Residential address Income proof **AVENUE 1**

GXXXX490W Tax reference number #04-882 Singapore 350115

Employer's household details

Number of family members in the household (excluding employer and spouse): 1

VIHAAN TAWRI	MXXXX499J	Fin	21 Dec 2021	Child
Full name	ID number	ID type	Date of birth	Relationship





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NEHA PRADHAN

Part II. Declaration by employer

I declare that:

- 1. I do not have any medical condition(s) that will impair my ability to supervise and ensure the well-being of my foreign domestic worker.
- 2. I have read and understood the applicable conditions and regulatory conditions of Work Permit set out in the Employment of Foreign Manpower (Work Passes) Regulations ("EFMR"), available at www.mom.gov.sg.
- 3. I consent to the Government of Singapore and statutory authorities to obtain and verify information, including information relating to my medical condition, with any person, organisation or any other source, and retain such information for the purpose of assessing my suitability as an employer of foreign domestic worker(s). Further, I consent to the information obtained in this process to be released to the Government of Singapore, its statutory authorities and any authorised agents.
- 4. To the best of my knowledge, the foreign domestic worker (if she has not worked as a foreign domestic worker or confinement nanny in Singapore before) has had a minimum of eight years of formal education and has educational certificates as documentary proof of this.
- 5. I understand my foreign domestic worker has the option to set up a POSB bank account to receive her salary. If she chooses to set up her POSB bank account, I confirm that I:
 - a. Have obtained her written consent to submit her bank account application and any declarations to POSB
 - b. Have checked with her on the accuracy of her details for the bank account application
 - c. Allow the Ministry of Manpower to send my personal details and contact information to POSB
- 6. I have obtained written consent from the foreign domestic worker to perform this transaction. I will produce this consent when requested by the
- 7. I consent to the Ministry of Manpower displaying work pass details when the foreign domestic worker's work pass card is scanned using the Ministry of Manpower's work pass mobile application.
- 8. I am not related to the foreign domestic worker.
- 9. I have ensured that the foreign domestic worker fully understands the contents of PART I and that it was signed by the foreign domestic
- 10. The information in this application and any appeals I have made in relation to this application are, to the best of my knowledge, true and correct; and that all documents submitted in support of this application and any appeals made in relation to the application, are true copies of the authentic documents.
- 11. I am aware of and shall fulfil my obligations as an employer of a foreign domestic worker under the Employment of Foreign Manpower Act 2012 ("EFMA") and EFMR which includes the following:
 - a. Pay her salary promptly
 - b. Pay for her upkeep and maintenance, including medical treatment
 - c. Provide acceptable accommodation for her
 - d. Should she die while in Singapore, pay for her burial or cremation and pay for her body and belongings to be returned to her home
 - e. Take her to the Controller of Work Passes when required by MOM

Contact us https://www.mom.gov.sg/contact

- f. Inform the Controller of Work Passes in writing within seven days when her employment ends by cancelling her Work Permit
- g. Arrange and pay for her passage home, after giving her reasonable notice and paying her outstanding salary
- h. Shall employ her in accordance with the Work Pass Conditions and Regulatory Conditions applicable to her
- 12. I shall take reasonable steps to ensure that my foreign domestic worker complies with the EFMA and the EFMR. Such steps shall include reporting to the Controller of Work Passes if I know that she is non-compliant.
- 13. I understand that if I breach any of my obligations as an employer of a foreign domestic worker, my Security Bond in the sum of \$5,000 which I have furnished to the Controller of Work Passes may be forfeited fully or in part. I also understand if there is only partial forfeiture, the Government of Singapore may forfeit the rest at a later point in time for the same breach or a different breach.
- 14. I also understand that if I breach any of my obligations as an employer of a foreign domestic worker, other enforcement actions may be taken against me in addition to my Security Bond being forfeited fully or in part.
- 15. In relation to the COVID-19 vaccination status of the foreign domestic worker, I declare that I will inform and ensure that the foreign domestic worker adheres to all vaccination requirements, as set out in: https://www.mom.gov.sg/vac-reqmts.
 - This is undertaken in accordance with the following where applicable the prevailing guidelines of the Singapore Ministry of Health and Ministry of Manpower, or the Employment of Foreign Manpower (Work Passes) Regulations 2012.
 - To meet the requirements above, I declare that I have read the guidelines contained in https://www.mom.gov.sg/vac-reqmts.

Veb https://www.mom.gov.sq





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Name of employer MOHANLAL NILESH TAWRI		NRIC/FIN GXXXX490W	
Signature of employer		Date (DD-MM-YYYY)	