


APPLICATION FOR EMPLOYMENT

(Information provided will be treated in strict confidence)

DECLARATION BY THE APPLICANT	
<p>I declare that the information given, herein this application is true and correct to the best of my knowledge and belief and nothing material has been concealed. I understand that the information stated in this form is found false or incorrect, at any time during the course of my employment; my services can be terminated forthwith without any notice or compensation thereof.</p> <p>Date: 29-Jun-2019 Place: Bangalore</p>	<p>Signature of Applicant Nitu Kumari</p> 

PERSONAL DATA			
(Please use block letters - to be filled in Candidate's own handwriting. Strike out whichever is not applicable)			
First Name	Nitu		
Middle Name			
Last Name	Kumari		
Gender	Female	Date of Birth	02/01/1992
Nationality	Indian	Blood Group	B+
Passport Number		AADHAR Number	930986759902
Name as in AADHAR	Nitu Kumari		
Permanent Account Number (PAN)	CPOPK2048K		
Name as in PAN	NITU KUMARI		
Permanent Residential Address:			
D/O- Rajkishor Jaiswal, Khairapur bazar, Naugachhia, Bhagalpur, Bihar -853204			
ZIP / Postal Code:	853204	Contact Number	9380040168
Email ID:	nitu.kumari9227@gmail.com		
Present Residential Address (if it is different from Permanent Residential Address)			
C/O- VINAYAKA K., No. 34/1, Katha No. 111/3, 8TH MAIN ROAD, HOSAPALYA, MUNESWAR NAGAR, Bangalore - 560068			
ZIP / Postal Code:	560068	Contact Number	9380040168
Email ID:	nitu.kumari9227@gmail.com		

In case of Emergency Contact Person Details (Name and Address)				
Ajitesh Raj, C/O- VINAYAKA K., No. 34/1, Katha No. 111/3, 8TH MAIN ROAD, HOSAPALYA, MUNESWAR NAGAR, Bangalore - 560068 Mob No- 8084883734				
Contact Number: 9380040168				
Marital Status:		Unmarried		
FAMILY DETAILS: Mother, Father and one Brother				
Spouse Name:				
Spouse's Occupation:				
Children details	Name		Gender	Age
PARENTS DETAILS:				
NAME		OCCUPATION	DATE OF BIRTH / AGE	RELATIONSHIP
Rajkishor Jaiswal		Farmer	50	Father
Munni Devi		HouseWife	45	Mother
LANGUAGES KNOWN		READ	WRITE	SPEAK
English		Yes	Yes	Yes
Hindi		Yes	Yes	Yes
EDUCATIONAL QUALIFICATIONS				
Qualification	University	Year of Passing	Area of Specialization	% Marks / Rank
SSLC / Class 10 th	NEHRU HIGH SCHOOL DHOLBAZZA	2006	SCIENCE	62.57 %
PUC / Class 12 th	B.V.R. COLLEGE, CHOUSA, MADHEPURA	2008	SCIENCE	61.77 %
Bachelor's Degree	A.V.I.T.(Vinayaka Mission University)	2013	COMPUTER SCIENCE AND ENGINEERING	65 %
Post Graduate Degree/s				
Others (please specify)				

WORK EXPERIENCE (PREVIOUS EMPLOYMENT DETAILS)
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Name of Employer	Period of Employment		Designation	Last Drawn CTC (INR) P.A.	Reasons for Leaving
	From	To			
PROVAB TECHNOSOFT PVT. LTD.	11-Jul-2016	28-Jun-2019	Testing Engineer	3,75,360	Wants to upgrade myself with new technology
thoughtframeworks	24-Nov-2015	7-Jul-2016	Consultant Trainee		Wants to upgrade myself with new technology
Current Company PF A/C Number			PYBOM16150730000010040		
Unique Identity Number issued by PF			101210636296		
OTHER SKILLS, if any (please specify)					
REFERENCES: (Two references other than relatives)					
• NAME, ADDRESS, OCCUPATION & PHONE NUMBER			b. NAME, ADDRESS, OCCUPATION & PHONE NUMBER		
Ajitesh Raj, C/O- VINAYAKA K., No. 34/1, Katha No. 111/3, 8TH MAIN ROAD, HOSAPALYA, MUNESWAR NAGAR, Bangalore Occupation - Software Engineer Mob - 8084883734			Sonam Gujjar, 4TH MAIN ROAD, HOSAPALYA, MUNESWAR NAGAR, Bangalore Occupation - Software Engineer Mob - 7978887522		
• Name, Designation, Address and contact number of Reporting Manager					

<ul style="list-style-type: none"> Name, Designation, Address and Contact Number of your HR SPOC / Head. 	
I hereby confirm that I have no objection for the Company carrying out reference checks with the above references provided by you.	

JOINING REPORT

To:
Head - Human Resources

Dear Sir / Madam,

With reference to the offer letter of employment/letter of employment, I hereby confirm my reporting for duty as **“Quality Analyst”** on **01-Jul-2019** at **9:30 AM.**

As requested, I am also enclosing the following documents (self-attested by me) for your records (strike out whichever is not applicable):

1. Proof of Birth - Copies of 10th / SSLC Marks Card
2. Copies of all Educational Certificates supporting educational qualifications (PUC/12th; Graduation; Post Graduation; Course Certifications; if any, as may be applicable)
3. Copies of Offer / Appointment / recent hike Letter of previous employers along with the last 3 months' salary slip or salary certificate
4. Copies of Relieving and Experience letters from the present organization
5. Copies of Relieving and Experience letters from all previous organizations (if any).
6. Copy of Form 16 or Taxable Income Statement duly certified by previous employer (Statement showing deductions & Taxable Income with break-up)
7. Three Passport Size color photograph.
8. Copy of Permanent Account Number (PAN) / PAN Application
9. Copy of AADHAR Card
10. Copy of Driving License / Passport / Voters ID card

I look forward to many more years of fruitful and rewarding association with the Company.

Nitu Kumari
(Signature)

Date: 29-Jun-2019

Place: Bangalore

FORM - F
(See Sub-Rule (1) of Rule 6)

NOMINATION FORM (GRATUITY ACT)

To:
Head - Human Resources

I Shri / Smt. / Kumari **Nitu Kumari** (having Employee ID No.....) 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.

Nominee(s)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
Raj Kishor Jaiswal, Address :- Khairapur bazar,	Father	50	100%

Naugachhia, Bhagalpur, Bihar -853204			

Gratuity Act Nomination form Continued

STATEMENT

1. Name of employee in full : Nitu Kumari
2. Gender : Female
3. Religion : Hindu
4. Whether unmarried/married/widow /widower/divorced : Unmarried
5. Department / branch/Section where employed :
6. Post (Designation) held : Quality Analyst
7. Ticket or Serial No. (Employee ID No.) :
8. Date of appointment : 01-Jul-2019
9. Permanent address : D/O- Rajkishor Jaiswal

Village - Khairpur Bazaar, Thana - Naugachia, Sub-division - Naugachia
Post office - Naugachia, District - Bhagalpur , State - Bihar - 853204

Place: **Bangalore**
Date: **29-Jun-2019**

Signature / Thumb-impression
of the employee: **Nitu Kumari**

DECLARATION BY WITNESSES

Fresh nomination signed / thumb-impressed before me

Name in full and full
address of witnesses

Signature of witnesses

1. AJITESH RAJ,
C/O- VINAYAKA K., No. 34/1, Katha No. 111/3,
8TH MAIN ROAD, HOSAPALYA, MUNESWAR NAGAR, Bangalore-560068

2. Ajitesh Raj

Place: Bangalore

Date: 29-Jun-2019

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

.....PRIVATE LIMITED, (Name & Address of
the establishment or Rubber-stamp thereof)

ACKNOWLEDGEMENT BY THE EMPLOYEE

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

Date: 29-Jun-2019

Signature of the employee : Nitu Kumari

Note: Strike out the words/paragraphs not applicable.

**DECLARATION FORM OF DEPENDENTS FOR COVERAGE UNDER MEDICLAIM
(HOSPITALIZATION) INSURANCE POLICY AND GENERAL NOMINATION FORM**

Employee Name	Nitu Kumari	Date	01-Jul-2019
Designation	Quality Analyst	Employee ID No.	
Department		Grade	

To:
Head - Human Resources

Dear Sir,

I hereby provide the details of my family members* for coverage under Company's Group Mediclaim (Hospitalization) Insurance Policy:

Sl. No.	Name of the Employee & Family Members	Date of Birth / Age	Gender	Relationship with the Employee
01.	Rajkishor Jaiswal	50	M	Father
02.	Munni Kumari	45	F	Mother
03.				
04.				

[(* Family means and includes: self; spouse; dependent parents and dependent children (up to 2). Maximum size of family, including self shall not be more than 6 members for coverage under this policy]

I have understood the guidelines and rules applicable for coverage under the above Mediclaim (hospitalization) insurance policy and shall abide by the same.

Further, I hereby nominate and declare that in the event of my death while in service with the Company, dues, if any, payable to me on account of Salary, Benefits, Perquisites, Reimbursements, Allowance, Bonus, Incentives, Leave salary and Insurance benefits (under Medical / Personal Accident) shall be paid to my nominee whose details are as under:

Sl. No.	Name and Address of the Nominee	Relationship with the Member	Age / Date of Birth	% of share
1.	Rajkishor Jaiswal	Father	50	50%

2.	Munni Devi	Mother	45	50%
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Nitu Kumari
(Signature)