

JOINING MASTER SHEET

Onboarding Checklist- Standard				
	First Name	Middle Name	Last Name	
Employee Name	Pragya		Devi	
Employee ID				
	MM-DD-YYYY		MM-DD-YYYY	
Birth Date	6/13/1992	Date of Joining	3/5/2021	
Sl. No.	Documents		Applicability(Tick)	Furnished(Tick)
1	Offer letter			
2	Service Agreement (If Applicable)			
3	PAN card photocopy			
4	Address proof - Photocopy of any one of the below document * AADHAAR card * Passport * Others			
5	Degree marks sheets / Passing certificates			
6	Post Graduate marks sheets & certificates			
7	Relieving letter / Experience letters			
8	Passport size photographs (2 nos)			
9	Joining Master sheet along with a) Insurance nomination form b) Nomination form (Full and Final settlement) c) PF Form- 2 d) PF Declaration Form - 11 e) Form 'F' nomination f) ESI Scheme Declaration Form g) ISMS Compliance undertaking form h) Pre Employment Medical Fitment i) Acknowledgement - Code of Business Ethics j) Acknowledgment - Anti-Corruption Policy k) Acknowledgement - Equal Opportunity Form l) Blue Book			
10	Undertaking:			
	Document Name	Submit by Date		
	i)			
	ii)			
	iii)			
<p>I hereby declare that:</p> <ul style="list-style-type: none"> - Copies of the above documents have been submitted for the purpose of documentation and all originals have been taken back post verification - I will submit the above pending documents on or before the above mentioned date 				
<p>x</p> <p>Candidate Signature</p>		<p>Date 3/5/2021</p>		
For HR use only				
<p>Name</p>		<p>Signature</p>		<p>Date 3/5/2021</p>

JOINING MASTER SHEET

Personal Details			
Full Name (as given in your passport with initials expanded)			
First	Middle	Last Name	
Pragya		Devi	
Designation as per offer letter	Band as per Offer letter	Date of Joining	Place of Posting
Consultant	B2	3/5/2021	Bangalore
Marital status: Married		Mobile: 7676540824 Landline: 9463493372	
Marriage Date: 3/2/2020		Emergency: _____	
Gender: Female		Personal Email ID: rohillapragya@gmail.com	
Date of birth (MM/DD/YYYY): 6/13/1992		Passport No. N2014184 Issue Date: 8/6/2015	
Place of birth: Kaithal		Expiry Date: 8/5/2025 Passport issued City: CHANDIGARH	
Birth Country: India		Pan No.: CIHPD4383C	
Nationality: Indian		AADHAAR No.: 247235966460	
		"AADHAAR number (for PF/ESI/Statutory purpose only)"	
		Disability/Medical Condition(Yes/No): No	
		(Please refer equal opportunity form)	
		Nature of Disability: _____	

Family Details					
Particulars	Father	Mother	Spouse	Child 1	Child 2
Full Name	BHUPINDER SINGH	KAMLESH DEVI	ASHWANI VERMA		
Gender	Male	Female			
Date of Birth	2/8/1964	4/22/1976	1/26/1990		

Languages Known			
Language	Read	Write	Speak
English	Proficient	Proficient	Proficient

JOINING MASTER SHEET

Address details		
	Complete Address	Emergency contact details
Permanent Address	#234,GHTP,POWER COLNEY, LEHRA MOHABBAT,BATHINDA BATHINDA 151111 Punjab India	Name: MR VIJAY KUMAR Relationship: Contact Number: 9463493372
Same as Current Address	No	
Current Address	#46,10th cross,ITI Layout Hsr layout 3rd sector, near mangamanpalya, Bengaluru 560068 Karnataka India	Name: ASHWANI VERMA Relationship: HUSBAND Contact Number:
Secondary Emergency Address		Name: VIJAY KUMAR Relationship: FATHER-IN-LAWS Contact Number:

Educational Qualifications

Highest Qualification Master's Degree		
College Name & Address	Dev Sanskriti Vishwavidyalaya	
University Name & Address	Others	
Program: Master of Science	Period: (MM/DD/YYYY) Start Date: <u>7/13/2013</u> Date of Passing: <u>8/12/2015</u>	
Type of degree: <u>Full Time</u> Specialization: <u>Computers/IT</u>	Percentage/Rank/Grade/Class: <u>72.7</u> Roll/Seat Number: <u>1363014</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: _____

JOINING MASTER SHEET

Employment Details

Sl.No	Employer Name	Employer Location	Start and End date (MM/DD/YYYY)	Designation	Employment Type (Full/Part Time)
1	IAXIS Technology Services Pvt Ltd	Bangalore	7/13/2020 2/28/2021	Senior Software	Full Time
2	AppoDeepo Technology Solution	Bangalore	4/1/2018 7/9/2020	SOFTWARE ENGI	Full Time
3	IT Dept - AWGP	HARIDWAR	12/10/2015 3/22/2018	PROGRAMMER	Full Time
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Nomination Details

Personal Accident Insurance (Personal Accident + Life Cover + Medical Insurance)					
	1	2	3	4	5
Nominee Name	ASHWANI VERMA				
Relationship	Spouse - Male				
Address	46,10TH CROSS,ITI LAYOUT,HSR LAYOUT, NEAR MANGAMANPALYA				
City					
Date of Birth	1/26/1990				
Age (in years)					
Amount of share of accumulation %	100	0	0	0	0

Provident Fund/Family Pension & Life Assurance					
	1	2	3	4	5
Nominee Name	ASHWANI VERMA				
Relationship	Spouse - Male				
Address	46,10TH CROSS,ITI LAYOUT,HSR LAYOUT, NEAR MANGAMANPALYA				
City					
Date of Birth	1/26/1990				
Age (in years)					
Amount of share of accumulation %	100	0	0	0	0

Gratuity					
	1	2	3	4	5
Nominee Name	ASHWANI VERMA				
Relationship	Spouse - Male				
Address	46,10TH CROSS,ITI LAYOUT,HSR LAYOUT, NEAR MANGAMANPALYA				
City					
Date of Birth	1/26/1990				
Age (in years)					
Amount of share of accumulation %	100	0	0	0	0

Employee State Insurance Corporation (ESIC)					
	1	2	3	4	5
Nominee Name	ASHWANI VERMA				
Relationship	Spouse - Male				
Address	46,10TH CROSS,ITI LAYOUT,HSR LAYOUT, NEAR MANGAMANPALYA				
City					
Date of Birth	1/26/1990				
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	ASHWANI VERMA				
Relationship	Spouse - Male				
Address	46,10TH CROSS,ITI LAYOUT,HSR LAYOUT, NEAR MANGAMANPALYA				
City					
Date of Birth	1/26/1990				
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.



INSURANCE NOMINATION FORM

(To be filled in by employee)

I, E.Code

Nominate the following person to whom in the event of my death the amount under each of the below policy will be payable

Policy Name	Name Of Nominee's	Relationship	Address Of Nominee	% of distribution
Mediclaim / Personal Accident / LifeCover	ASHWANI VERMA	Spouse - Male	46,10TH CROSS,ITI	100 0 0 0 0

I further declare that the receipt/s of amounts by the nominees, as above shall be sufficient discharge of Capgemini Technology Services India Limited [Company] liability and no one party shall have any rights upon the Company w.r.t 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 that are not expressly set out in this document.

I understand that the Insurance benefit schemes are offered at the discretion of the management and are subject to change from time to time without prior notice. The above nomination will be valid for the schemes applicable at the time of occurrence of an event / claim during my employment with Company.

Full Name and Location of Witnesses

1. _____

2. _____

Signature of Witnesses

1. _____

2. _____

Date: 3/5/2021

Place: Bangalore

x
Signature of employee



NOMINATION FORM
(To be filled by employee)

I, **Pragya Devi**

Address **#46,10th cross,ITI near Bengaluru (EMP Code)**
Karnataka 560068 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	ASHWANI VERMA		
Relationship	Spouse - Male		
Address of Nominee	46,10TH CROSS,ITI LAYOUT,HSR LAYOUT, NEAR MANGAMANPALYA		
% 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: 3/5/2021

Place: Bangalore

x
Signature of employee

Emp Code:

FORM.2 (REVISED)
NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED I EXEMPTED ESTABLISHMENTS

Declaration and Nomination form under the Employees' Provident Fund and Employees' Family Pension scheme
(Paragraph 33 and 61(1) of the Employees' Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Family Pension Scheme, 1995)

1. Name (in block Letters) : Pragya Devi

2. Father's /Husband's Name : BHUPINDER SINGH

3. Date of Birth : 6/13/1992

4. Sex : Female

5. Marital Status : Married

6. PF Account No. :

7. Pension Account No. :

8. Residential Address : #46,10th cross,ITI near Bengaluru
Karnataka 560068 India

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 the Nominee/s	Address	Nominee's relationship with member	Age of Nominee (S)	Total amount of share of accumulations in Provident Fund to be paid to each nominee	If the nominee is a minor, name and address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5	6
ASHWANI VERMA	46,10TH CROSS,ITI	Spouse - Male		100	
				0	
				0	
				0	
				0	

*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.

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

*Strike out whichever is not applicable.

x

Signature/or Thumb impression of the subscriber

PART-B (EPS) (Para 18)

I hereby furnish below particulars of the members of my family, who would be eligible to receive Family Pension & Life Assurance benefits in the event of my premature death in service.

Sr. No	Name and address of the family members	Date of Birth	Relationship with the member
1	ASHWANI VERMA 46,10TH CROSS,ITI LAYOUT,HSR LAYOUT, NEAR	1/26/1990	Spouse - Male
2			
3			

**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 persons for receiving the monthly pension (admissible under para 16 2(a) (i) and (ii) of Employee's Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving Pension:

Sr. No	Name and Address of the Nominee	Date of Birth	Relationship with the member
1	ASHWANI VERMA 46,10TH CROSS,ITI LAYOUT,HSR LAYOUT, NEAR	1/26/1990	Spouse - Male
2			
3			

Date: 3/5/2021

*Strike out whichever is not applicable

Signature/ or Thumb impression of the Subscriber

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/ the entries have been read over to him/her be me and got confirmed by him/her.

For Capgemini Technology Services India Ltd

Date:

Place:

Authorized Signatory
Capgemini Technology Services India Limited
Plant.2, Block A, Godrej IT Park,
Godrej & Boyce compound, LBS Marg,
Vikhroli (West), Mumbai-400079

Note:

(A) UNDER THE EMPLOYEES' PROVIDENT FUND SCHEME: PART- A (EPF)

If married: Spouse, Children (Married/Unmarried), his/her dependent parents, deceased son's widow and children if unmarried: Mother, Father, Brother Sister or any other person(s).

(B) UNDER THE FAMILY PENSION SCHEME : PART - B (EPS)(Para18)

If married: Spouse, Children (include children adopted legally before death in service.) if unmarried : Mother, Father

On the death of a member of the Family Pension Scheme, his family will be entitled to the benefits under the Family Pension Scheme. The family is defined as under in case of:

(I) Married

- (a) Wife in the case of male member;
- (b) husband in the case of female member; and
- (c) Sons and daughter upto age of 25 years

Explanation: The expression "Sons" and "Daughters" shall include children adopted legally before death in service.

(I) Unmarried

- (a) Mother
- (b) Father

***Further please note a fresh nomination shall be made by the member on his/ her marriage and any nomination made before such marriage shall be deemed to be invalid.



Composite Declaration Form -11
(To be retained by the employer for future reference)
EMPLOYEES' PROVIDENT FUND ORGANISATION
Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employees' 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	Pragya Devi						
2	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/>	BHUPINDER SINGH ASHWANI VERMA						
3	Date of Birth: (MM/DD/YYYY)	6/13/1992						
4	Gender: (Male/Female/Transgender)	Female						
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	Married						
6	(a) Email ID: (b) Mobile No.:	rohillapragya@gmail.com 7676540824						
7	Present employment details: Date of joining in the current establishment (MM/DD/YYYY)	3/5/2021						
8	KYC Details: (attach self attested copies of following KYCs)							
	a) Bank Account No. :							
	b) IFS Code of the branch:							
	c) AADHAR Number	247235966460						
	d) Permanent Account Number (PAN), if available	CIHPD4383C						
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No						
10	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No						
11	Previous employment details: [if Yes to 9 AND/OR 10 above] – Un-exempted							
	Establishment Name & Address	Universal Account Number	PF Account Number	Date of joining (MM/DD/YYYY)	Date of exit (MM/DD/YYYY)	Scheme Certificate No. (if issued)	PPO Number (if issued)	Non Contributory Period (NCP) Days
		1010563882						
12	Previous employment details: [if Yes to 9 AND/OR 10 above] – For Exempted Trusts							
	Name & Address of the Trust	UAN	Member EPS A/c Number	Date of joining (DD/MM/YYYY)	Date of exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	Non Contributory Period (NCP) Days	
13	a) International Worker:				Yes / No			
	b) If yes, state country of origin (India/Name of other country)							
	c) Passport No.							
	d) Validity of passport [(MM/DD/YYYY to (MM/DD/YYYY)]							

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/e-KYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the P.F Account as I am an Aadhar verified employee in my previous PF account.*
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: 3/5/2021

Place: Bangalore

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr/Ms/Mrs _____ has joined on _____ and has been allotted PF no. _____ and UAN _____
- B. In case the person was earlier not a member of EPS scheme, 1952 and EPS, 1995:
- 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/e-sign.
- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
- Please tick the appropriate option:
 - ☐ The KYC details of the above member in the UAN database have been approved with E-sign/Digital Signature
 - ☐ Certificate and transfer request has been generated on portal.
 - ☐ The previous Account of the member is not Aadhar verified and hence physical transfer form shall be initiated.

Date:

Signature of Employer with Seal of
Establishment

* Auto transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Form 13) for transfer of account from the previous establishment.

FORM F

See Sub-rule (1) of Rule 6

Nomination

To,
Capgemini Technology Services India Limited
Plant.2, Block A, Godrej IT Park,
Godrej & Boyce compound, LBS Marg,
Vikhroli (West), Mumbai-400079

I, Shri/ Shrimati/Kumari **Pragya Devi**

Whose recently 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.

- I hereby certify that the person(s) mentioned is/are a member(s) of my family within the meaning of clause (h) of Section 2 of the Payment of Gratuity Act,1972.
- I hereby declare that I have no family within the meaning of clause (h) of Section 2 of the said Act.
- (a) My father /mother/parents is/are not depend on me.
(b) My husband's father/mother/parents is/are not dependent on my husband.
- 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
- Nomination made here in invalidates my previous nomination.

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
ASHWANI VERMA 46,10TH CROSS,ITI	Spouse - Male		100
			0
			0

Statement

1 Full name of the employee : **Pragya Devi**

2 Sex : **Female**

3 Religion :

4 Whether unmarried/married/widow/widower : **Married**

5 Department/Branch/Section where employed :

6 Post held with Ticket No. or Serial No., if any :

7 Date of appointment : **3/5/2021**

8 Permanent Address : **#46,10th cross,ITI near Bengaluru
Karnataka 560068 India**

Village: Thana: Sub-division:

Post Office : District: State:

Place: **Bangalore**

Date: **3/5/2021**

X
Signature/Thumb-impressed of the Employee

Declaration of Witnesses

Nomination signed/ Thumb-impressed before me

Full Name and Location of Witnesses

Signature of Witnesses

1. _____

1. _____

2. _____

2. _____

Place: Bangalore

Date: 3/5/2021

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

Capgemini Technology Services India Limited
Plant.2, Block A, Godrej IT Park,
Godrej & Boyce compound, LBS Marg,
Vikhroli (West), Mumbai-400079

Date: _____

Acknowledgement by the Employee

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

X

Date: 3/5/2021

Signature of the Employee

Note- Strike out the words/paragraphs not applicable



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	Pragya Devi
2	Father's Name	BHUPINDER SINGH
3	Spouse's Name	ASHWANI VERMA
4	Gender	Female
5	Date of Birth	6/13/1992
6	Date of Joining	3/5/2021
7	Marital Status	Married
8	Religion	
9	Nationality	Indian
10	Handicap? (YES/NO)	
	If Yes, From date & Certificate	
11	Permanent Address	#46,10th cross,ITI Layout Hsr layout 3rd sector,
	Area	near mangamanpalya,
	City	Bengaluru
	District	
	State	Karnataka
	Pin Code	560068
12	Temporary Address	#46,10th cross,ITI Layout Hsr layout 3rd sector,
	Area	near mangamanpalya,
	City	Bengaluru
	District	
	State	Karnataka
	Pin Code	560068
13	STD Code & Telephone Number	9463493372
14	Mobile/Cell Number	7676540824
15	Email ID	rohillapragya@gmail.com
16	PAN Number	CIHPD4383C
17	Do you have AADHAAR Card ? (YES/NO)	
	If yes, please mention 16 digits AADHAAR Card No.	247235966460

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	ASHWANI VERMA	Spouse - Male	1/26/1990				
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.