

RESUME

ANIL MAHANA

Address : J-29, Sabji Market,
RK Puram, Sector-9, South West
Dehi, Delhi - 110022
Mob: 9950155285

Career Objective:-

To be a part of reputed organization and with devotion, determination and dedication enhance the growth of organization which ultimately will enhance personal growth.

Personal Information:-

Father's Name : Banwari Lal
Category : Schedule Cast (SC)
Date of Birth : 09-04-1990
Nationality : Indian
Marital Status : Unmarried
Gender : Male
Nationality : Indian
Language : Hindi, English

Academic Qualification:-

- 09th Pass from Rajasthan Board.

Working Experience

- Worked as a Peon in Cabinet Secretariat for 7 years from 2009 to 2015.
- Worked as a Peon in CSY Club for 4 years from 2016 to 2019.

Declaration:-

I hereby declare that information given above is true to be best of my knowledge and belief.

Date :.....
Place:

(Anil Mahana)



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

ANIL MAHANA

BANWARI LAL

09/04/1990

Permanent Account Number

BTXPM6810M

Anil
Signature



10042012

Nil

 **भारत सरकार**
GOVERNMENT OF INDIA


 **अनिल महाना**
Anil Mahana

जन्म वर्ष / Year of Birth : 1990
पुरुष / Male

5846 8885 1951 

आधार — आम आदमी का अधिकार

mil

 **भारतीय विशिष्ट पहचान प्राधिकरण**
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता : S/O बनवारी लाल, जे-29, सब्जी मार्केट, आर के पुरम सेक्टर 9, साउथ वेस्ट
दिल्ली, दिल्ली, 110022

Address : S/O Banwari Lal, J-29, SABJI MARKET, R K Puram Sector 9, South West
Delhi, Delhi, 110022

Aadhaar - Aam Aadmi Ka Adhikaar



Declaration Form

(To be retained by the Employer for future reference)

Employees' Provident Fund Organization

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)

&

THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE.

(PLEASE GO THROUGH THE INSTRUCTIONS)

1) NAME	(TITLE)																					
MR.	MS.	MRS.	A N I L M A H A N A																			
(PLEASE TICK)																						
2) DATE OF BIRTH																						
	D	D	M	M	Y	Y	Y	Y														
	0	9	0	4	1	9	9	0														
3) FATHER'S/ HUSBAND'S NAME	MR.																					
		D A N W A R I L A L																				
4) RELATIONSHIP IN RESPECT OF (3) ABOVE	FATHER		HUSBAND																			
(PLEASE TICK)	✓																					
5) GENDER	MALE			FEMALE			TRANSGENDER															
(PLEASE TICK)	✓																					
6) MOBILE NUMBER (IF ANY)	9 9 5 0 1 5 5 2 8 5																					
7) EMAIL ID (IF ANY)																						
8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?																						
(PLEASE TICK)	YES										NO											
9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?																						
(PLEASE TICK)	YES										NO											

IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11&12):

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*	Anil Mathang	9920100010474	IFSC CODE*
NPR/AADHAAR	Anil Mathang	5846 8885 1951	
PERMANENT ACCOUNT NUMBER (PAN)	Anil Mathang	BTXPM6810M	
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
RATION CARD			
ESIC CARD			

* **Mandatory Field** (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCS TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.

C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,
- (I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.
- (II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. ACCOUNT. (THE TRANSFER WOULD BE POSSIBLE ONLY IF THE IDENTIFIED KYC DETAILS APPROVED BY PREVIOUS EMPLOYER HAS BEEN VERIFIED BY PRESENT EMPLOYER USING HIS DIGITAL SIGNATURE CERTIFICATE).
- (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE:

PLACE:

SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER Mr./Ms./Mrs. HAS JOINED ON AND HAS BEEN ALLOTTED PF MEMBER ID
- 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 MEMBER ID 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

Human Resource Inventory

Name of the Candidate / Applicant	Anil Mathana
Address of Correspondence (with PO, Pin Code)	J-29, Saffi Market, R.K. Puram Sector-9 South West Delhi - 110022
Permanent Address (with PO, Pin Code)	" "
Father's Name	mangali Devi
Father's Mobile	9829412044
Date of Birth (DD.MM.YYYY)	09/04/1990
Date of Joining (DD.MM.YYYY)	17/06/2021
Date of Marriage (DD.MM.YYYY)	x
Spouse Name (Wife / Husband)	x
Location / Bhawan (of Deployment)	C-56/A-17, Sector-62, Noida
Department / Project Name	BROADCAST ENGINEERING CONSULTANTS INDIA LIMITED
Name of Local Project Coordinator ✓	
Local Project Coordinator Mobile	
Local Project Coordinator Email ID	
Gender (Male / Female)	male
Marital Status (Single / Married)	single
Preferred Location	
Current Job Location	Noida
Name of Home Town and the State	Delhi
Mobile Number - 1	9950155285
Mobile Number - 2	8920654820
Email ID - 1	sk847665@gmail.com
Email ID - 2	
Educational Qualification - <u>10th</u> (Year & Marks in %)	
Educational Qualification - <u>12th</u> (Year & Marks in %)	
Qualification (<u>Graduation</u>) - {with %}	
Full Time / Part Time/ Distance & Year of Passing	
Qualification (<u>Post Graduation</u>) - {with %}	
Full Time / Part Time/ Distance & Year of Passing	
Additional Qualification/ <u>Courses/Diploma</u> - {with %}	
Full Time / Part Time/ Distance & Year of Passing	
Functional Area (Please refer to Annexure - I)	
Technology / Platform (Please refer to Annexure - I)	
Skill Sets / Database (Please refer to Annexure - I)	
Latest Employer (From - To)	
Fourth Previous Employer (From - To) (if any)	
Third Previous Employer (From - To) (if any)	
Second Previous Employer (From - To) (if any)	

Candidate Detail

S.No.	Name	Father's Name	ESI NO (IF ANY)	UAN NO (IF ANY)	* Adhar card No. *	CONTACT NO	D.O.B / Age	D.O.B. (as per adhar card)
1	Anil Mahana	Banwari Lal			58468851 951	99501552 85		9-04-1990

Temporory Address	Permanent Address	Bank Detail	S.No.	Family Members	Relationship with the Member	D.O.B / Age	Stay with the Member
	J-29 Sabji Market, Rk Purnam Sec-9	Bank Name Bank of Baroda	1				
	South west, Delhi-22 Pin Code - 110022	Ifcs Code	2				
		Account No.	3				

Adhar Card No.	Nominee	Dispensary Name nearby you

- * Photocopy of Adhar Card should be clear print.
- * Adahr card of family Members(for ESI Members)
- * Group Photograph of family members



घोषणा पत्र DECLARATION FORM

फार्म-1/Form-1

घोषणा पत्र कर्मचारी द्वारा भरा जाएगा। फार्म के साथ पोस्टकार्ड 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 by employee after reading instruction overleaf. Two Postcard Size photographs to be attached with the form. This form is free of cost.

(क) बीमाकृत व्यक्ति के विवरण

(A) INSURED PERSON'S PARTICULARS

1. बीमा संख्या/Insurance No.					
2. नाम (स्पष्ट अक्षरों में) Name in block letters	Anil Mathang				
3. पिता/पति का नाम Father's/Husband's Name	Banawari Lal				
4. जन्म की तिथि Date of Birth	दिन Day	महीना Month	वर्ष Year	5. वैवाहिक प्रास्थिति Marital Status	विवाहित/ अविवाहित विववा M/U/W
	09	04	1990		
				6. लिंग/Sex	पु.म./M.F
7. वर्तमान पता/Present Address	J-29, Sabji market R.K Puram, Sector-9 South West Delhi-110022				
8. स्थायी पता/Permanent Address	J-29, Sabji market R.K Puram, Sector-9 South West Delhi-110022				
पिन कोड Pin Code	1110022				
टेलीफोन नम्बर/ई-मेल पता/ Branch Office	औषधालय Dispensary				

(ख) नियोजक के विवरण

(B) EMPLOYER'S PARTICULARS

9. नियोजक की कूट संख्या Employer's Code No.			
10. नियुक्ति की तारीख Date of Appointment	दिन Day	महीना Month	वर्ष Year
	17	06	2021
11. नियोजक का नाम और पता/Name & Address of the Employer			
12. यदि पहले नियोजन में रहे हैं तो कृपया निम्नलिखित व्यौर 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) Employer's Code No.			
(ग) नियोजक का नाम व पता (c) Name & Address of the Employer			
टेलीफोन नम्बर/ई-मेल पता/e-mail address			

(क) मृत्यु की स्थिति में नकद हितलाभ के भुगतान के लिए क.रा.वी. अधिनियम, 1948 की धारा 71/क.रा.वी. (केंद्रीय) नियम, 1950 के नियम 56(2) के अंतर्गत नामित के व्यौर।
(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	नातेदारी/Relationship	पता/Address
mangali Devi	mother	

मैं एतद्वारा घोषणा करता/करती हूँ कि मेरे द्वारा प्रस्तुत किए गए विवरण 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 हूँ/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.

सील सहित हस्ताक्षर

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 की आयु/जन्म-तारीख Date of Birth/Age as on date of filling form	कर्मचारी के साथ नातेदारी Relationship with the Employee	क्या उनके साथ रह रहे हैं? बताएं Whether residing with him/her.	यदि नहीं तो आवास का स्थान दर्शाएं If 'No' state Place of Residence
				हाँ/Yes	नहीं/No

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

(नियुक्ति की तारीख से 3 महीने तक वैध)
(Valid for 3 month from the date of appointment)

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

फोटो के लिए स्थान (Space for photograph)

वैधता
Validity
तारीख
Dated

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

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

INSTRUCTIONS

- "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 के गुम होने की स्थिति में नियोजक/शाखा 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.वी. 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 शाखा 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 होने के नाते आप व आपके परिवार के आश्रितजन विकित्सा हितलाभ प्राप्त कर सकेंगे। अन्य नकद हितलाभ हैं, (1) बीमारी हितलाभ (2) अस्थायी अपंगता हितलाभ (3) स्थायी अपंगता हितलाभ (4) आश्रितजन हितलाभ (5) प्रसूति हितलाभ (महिला कर्मचारी के लिए)।
As an insured person you and your dependant family membes are entitled to full medical care. The other benefits in cash include (1) Sickness Benefit (2) Temporary Disablement benefit (3) Permanent disablement Benefit (4) Dependants benefit and (5) Maternity Benefit (in case of woman employees) subject of fulfillment of contributory cnditions.
8. अधिक जानकारी के लिये कृपया निगम के वेबसाइट को देखें या शाखा कार्यालय या क्षेत्रीय कार्यालय से संपर्क करें।
For more details please contact website of ESIC at www.esic.org.in. or contact Regional Office or Branch Office.

For Branch Office Use only

1. बीमा संख्या आवंटन की तारीख :
Date of allotment of Ins. No. : _____
2. अस्थायी पहचान पत्र जारी करने की तारीख :
Date of Issue of T.I.C. : _____
3. औषधालय का नाम/संख्या :
Name /No. of Dispensary : _____
4. क्या अन्योन्य चिकित्सा व्यवस्था उपलब्ध है? यदि हां, तो उल्लेख करें :
Whether reciprocal Medical arrangements involved, if yes, please indicate : _____

शाखा प्रबन्धक के हस्ताक्षर
Signature of Branch Manager

[illegible]