

Employee Details Form

Instructions:

- Form should be filled in CAPITAL / BLOCK letters only
- Please fill in the application form completely and correctly
- Avoid overwriting and cutting in the form
- Please fill up your personal details (Name, Address etc.) exactly as it appears on your Government approved valid Photo ID / Address proof document
- For effective communication help us with your current E-Mail ID, Mobile and landline number

Please Paste your
unsigned recent
colour passport size
photograph

Size 3.5cm X 4.5cm

Employee's information:

- 1. Full Name
(as per Valid ID
Proof):**

[illegible]

- 2. Date of Birth:**

D	D	M	M	Y	Y	Y	Y

- 3. Gender:**
(Please Tick)

MALE	FEMALE	TRANSGENDER

- 4. Marital Status:**
(Please Tick)

SINGLE	MARRIED

- ### 5. Blood Group:

- ## 6. Nationality:

- 7. Email ID:**

[illegible]

- 8. Mobile No:**

[illegible]

- 9. Present Address:**

										P	I	N							

- 10. Permanent Address:**

									P	I	N						

11. Educational Qualification: (Please enclose photocopies of the certificates /documents)

Education	Board / University	School/ College Name	Year of Passing	% Marks	Degree (B.com. /B.A. etc.)
10 th					N.A.
10+2 /PUC					N.A.
Graduation					
Post-Graduation					
Others					

12. Work Experience: (Please provide details of entire work history beginning with current employer to your oldest employer)

Organization / Company Name	Last designation	From (MM/YYYY)	To (MM/YYYY)	Reason of Leaving

13. Family details / Information:

Family Member	Full Name	Date of Birth
Father		
Mother		
Spouse		
Child		
Child		

14. Aadhar No.: (Please submit copy of Aadhar card)

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15. PAN: (Please submit copy of PAN card)

--	--	--	--	--	--	--	--	--	--	--

16. Bank Account details: (Please submit cancelled cheque)

Bank Account No.	
IFSC Code	
Name of the Bank	
Bank Branch Address	

17. Emergency Contact details:

Name of a person	
Address	
PIN Code	
Contact No.	
Relationship with person	

18. Language Known: (Please tick)

Language 1_____		Language 2_____		Language 3_____	
Read		Read		Read	
Write		Write		Write	
Speak		Speak		Speak	

PLEASE READ CAREFULLY AND ACKNOWLEDGE THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION:

I _____(name) certify that the above statements made by me are true, complete and correct. In case of the company finds at any time that the information given by me in this form is not correct, true or complete, the company will have the right to withdraw my letter of appointment or to terminate \my appointment at any time without notice or compensation. I hereby acknowledge that I have gone through the service rules, understood & accepted the same.

Signature of employee**Date:****Place:**

Code of Conduct

1. PREAMBLE

Globiva ("The Company") is committed to ensure that its business is conducted, in all respects and all the times, according to rigorous ethical, professional and legal standards. We are committed to create a workplace, at all of its working locations, that, all the times, is free from harassment and discrimination, where co-workers are respected, and provided an appropriate environment so as to encourage good performance and conduct.

To achieve this goal all employees are expected to:

- Adhere to this Code of Conduct in their professional as well as personal conduct
- Treat co-employees with respect, courtesy, honesty and fairness
- Follow Globiva Values in letter and spirit
- Value the contribution of the people they work with, and work co-operatively
- No harass or discriminate against other co-employees

2. Purpose

This "Code of Conduct" has been formulated in order to foster and maintain Employee trust and confidence in the professionalism and the integrity of the Employees of the Company by ensuring that all Employees adhere to appropriate standards of conduct as set out in this Code of Conduct, that maintains and enhances the reputation of the Company.

This Code of Conduct aims to provide guidance to all Employees of the Company on how and in which manner should the conduct of Employees be when they are undertaking business on behalf of the Company.

The circumstances of conducts as set out below in this Code of Conduct are intended to cover those situations, which are most likely perceived to be encountered by Employees. In case any Employee encounters any circumstance which is not covered hereunder or in case of any doubt, Employees should seek guidance from the Reporting Manager/Reviewing Manager and/or from the Human Resource Department and act accordingly.

A breach of Code of Conduct result in disciplinary action against the Employee concerned including, potential dismissal or termination of employment or any other legal action as may available with the Company or all of the above together.

3. Globiva Values

Every thing we do is built on the strong foundation of our corporate values. To be the best, we are going to keep pushing ourselves in new and exciting directions. These values will guide our every action. In order to keep this commitment, we need to always honor our core values.

Customer First

Globiva commitment is to put customer first through excellent service delivery for superlative customer experience. This is what we do and this is why we exist. We make it easy for customers to do business with us by listening, anticipating and responding to their needs proactively.

Integrity

We believe integrity is at the core of who we are. It establishes the trust that is critical to the relationships we have. We are committed to do the right thing and follow sound business practices in dealing with our employees, customers and suppliers. We are honest, ethical and upfront because trust is at the foundation of our relationships with our customers, our communities, our stakeholders and each other.

Respect

We respect everyone at every level of our business. We champion diversity, embrace individuality and listen carefully when others speak with utmost respect.

Passion to Perform

We hold ourselves to a very high standard of performance. We never stop asking ourselves how we can make the customer experience better, and every day we find an answer. We encourage innovative ideas and the teamwork it takes to make them realities.

4. Code of Conduct coverage

This Code of Conduct applies to all the Employees of the Company. Employee shall mean all individuals on full- time or part-time employment with the Company, with permanent, probationary, trainee, retainer, temporary or contractual appointment.

The Company also expects its managers to lead by example and perform their duties in accordance with this Code of Conduct and ensure that the content of this are communicated to all persons reporting to them.

Professionalism

The personal and professional behavior of Employees shall confirm to the standards expected of person in their positions, which includes

- Commitment to and adherence to professional standards in their work and in their interactions with other Employees of the Company
- Commitment to maintaining the highest standards of integrity and honesty in their work
- Adherence to ethical and legal standards to be maintained in business
- Responsibility to support the Company in its efforts to create an open and mutually supportive environment
- Responsibility to share information and give willing assistance in furthering the goals and objectives of the Company
- A responsibility to ensure that there is no misrepresentation of facts. Wherever a misunderstanding is thought to have taken place through unclear communications, this should be corrected promptly.

Conflict of Interest

Each Employee is expected to avoid situations in which his or her financial or other personal interests or dealings are, or may be, in conflict with the interests of the Company. Accordingly, the Company expects its Employees to act in the Company's interest at all times.

Employees are advised not to engage in any other business, commercial or investment activity that may conflict with their ability to perform their duties to the Company. Employees must also not engage in any other activity (cultural, political, recreational, social) which could reasonably conflict with the Company's interests and interfere with the performance of their duties.

Employees must not use any Company's property, information or position, or opportunities arising from these for personal gains or to compete with or to tarnish the image of the Company. Employees should not engage in any business activity, which could be detrimental to, or in competition with, the Company's any business activities.

All Employees must avoid situations in which their personal interest could conflict with the interest of the Company. If, under any circumstance, Employees' personal interests conflict with those of the Company's, in all such cases the Employee must seek advice from his or her reporting/reviewing manager or from senior management.

Confidentiality of Information

Employee may be entrusted with confidential information including Information security with regard to the Company, its customers and suppliers. Employee must adhere to protection of electronic information, Password sharing etc.

Employees must ensure that all confidential and internal information including but not limited to customer information, contract information, financial information, physical security information, data are secured all the time. None of the above-mentioned information can be taken outside the office premise/permissible device or shared with unauthorized person.

All employees will be given access to various applications/systems/data points, secured via login ID and password and will be accessing physical infrastructure via access control cards. It is mandatory not to share any login credentials with anyone. All employees must read password protection policy and adhere to the same. It is mandatory to access only those physical areas which are allocated/allowed to employees via access cards and while accessing those areas, it is mandatory to use access card to register date/time stamp at each access. Any breach on this may lead to disciplinary action including ask to leave from the company.

Mobile phones/pen/paper/Pendrive/any material to copy information, are not allowed on the floor, unless with prior approvals. Any beach of this will result into disciplinary action.

Integrity of Financial Information

Employees have a responsibility to ensure that all transactions are recorded accurately and promptly and they must immediately report any known inaccuracies. Misrepresentations by Employees that result from intentional acts that may conceal or obscure the true nature of a business transaction are clear contraventions of this Code of Conduct.

Protection and Use of Company Property

All Employees of the Company are responsible for protecting and taking reasonable steps to prevent the theft or misuse of, or damage to Company's assets, including all kinds of physical assets, movable, immovable and tangible property, corporate information and intellectual property such as copyrights, patents, trademarks and technology and intellectual property used in carrying out their responsibilities. All Employees must use and maintain Company's property and resources efficiently and with due care and diligence.

Acceptance of Gifts and Other Benefits

Employees should not give or accept gifts, entertainment, or any other personal benefit or privilege that would in any way influence or appear to influence any business decision. Accepting money, gifts, entertainment, loans or any other benefit or preferential treatment from any existing or potential customer, supplier or business associate of the Company, is strictly prohibited, except occasional gifts of modest value and entertainment on a modest scale as part of customary business practice.

It is unacceptable to directly or indirectly offer, pay, solicit or accept any kind of inducements or bribes. Any attempted transaction of this nature should be immediately reported to the Reporting Manager/ HR representative. Under no circumstances will we approve any irregular payment or payment in kind to win business, encourage others to act improperly or influence a decision in our favor. Anyone found breaching for this will face disciplinary action and, if appropriate, criminal proceedings.

Whole Time Employment

All Employees shall devote their time and their best efforts meeting their Key business responsibility and may not without the prior written consent of the Company (and subject to any terms and conditions as may be imposed by the Company) engage or be interested in (whether directly or indirectly) in any other business, employment.

Harassment

Harassment means any behavior that offends someone, violates their dignity or intimidates or humiliates them. The Company is committed to provide a work environment that is free of inappropriate behavior of all kinds and harassment on account of age, physical disability, marital status, race, religion, caste, sex, sexual orientation or gender identity. Employees are responsible for supporting the Company in its endeavor to protect others from any form of such harassments.

We have zero tolerance towards harassment, threat, or any violence against an employee, whether by a colleague, third party or a member of the public. In the course of business conduct of any Employee, wherever harassment occurs to any such Employee as a result of an act or omission by any third party or outsider, the Company shall take all steps necessary and reasonable to assist such affected Employee in terms of support and preventive action.

Alcohol & Substance Abuse

The use or possession of alcohol, illegal drugs, and other controlled substances in the workplace and being under the influence of these substances on the job and during working hours is strictly prohibited.

Fraud

Fraud or the act or intent to cheat, steal, deceive, Intentional acts of fraud are subject to strict disciplinary action, including dismissal and possible civil and/or criminal action against the concerned Employee. Some examples of Fraud include Submitting false expense reports, Misappropriating assets or misusing Company's property, Unauthorized handling or reporting of transaction.

Compliance with Laws and Agreements

All Employees shall conduct business in compliance with all applicable laws.

Health, Safety and Environment

All Employees shall comply with the company health and safety norms as communicated to them from time to time. Employees shall bring to the management's attention any workplace safety or health hazard.

External Communication

It is important that we secure our reputation all the time. This is applicable when we communicate with external world through various mediums including social media. Whenever there is critical incidence, we must make every effort to get the facts right. All employees are advised to direct any media query/queries regarding critical incidence to info@globiva.com or to the official spokesperson of the company.

5. Misconduct and Non-Conformance with Code of Conduct

Non-observance of this Policy shall be construed as misconduct that could warrant disciplinary action, including dismissal and termination of services. The decision in this regard will lie with the Management, and HR dept. and shall be binding on the Employees.

The Company reserves the rights to amend / additions /deletions this Policy in whole or in part, at any time without assigning any reason whatsoever. The Employees acknowledge that they will not be personally advised of any such changes. The Employees are advised to check for any such changes. The Employees hereby unconditionally agree to all such amend / additions /deletions.

It is a condition of employment that all Employees must understand and adhere to the Company's Code of Conduct and at all times and abide by the standards, requirements and procedures laid down herein. They must commit to individual conduct in accordance with this Code of Conduct and observe both, the spirit and the letter of the law in their dealings on Company's behalf. They should report any suspected breach of this to their Manager or HR representative.

6. Employee Self Declaration

This is to declare that following information is correct to the best of my knowledge and incase any of the following information is found to be incorrect, Globiva can take action for non-conformance of Code of Conduct and this may include disciplinary action, including dismissal and termination of services.

- | | | |
|--|------------------------------|-----------------------------|
| • Do you have any criminal record or any court case pending against you | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Are you pursuing any full time academic/professional course at any institution | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Have you ever worked before at Globiva | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Do you have any family member working at Globiva | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Have you ever been asked to leave or terminated any company before | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Declaration	Details
Criminal record/pending case details	
Current educations courses undertaken	
Prior duration of work at Globiva	
Family Member/Relative at Globiva with employee ID	
Organization from where you have been asked to leave or terminated with reason	

7. Details of Employee References

This is to declare that following are known to me for over 6 months and Globiva may contact them for verification purpose.

Reference (Name)	Relationship	Phone No	Address

8. Common Declaration

- I declare that all the particulars and information given/filled in employee joining kit are true, correct and up-to-date in all respects and that I have not withheld any information whatsoever.
- I hereby declare that the details furnished above are true and correct to best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- No action, nor other steps have been taken or legal proceedings started by or against me in any court of law/other authorities for fraud, cheating, delinquency, default or any other matter.
- Globiva may conduct various verifications or may ask me to produce documentary proof, including but not limited to address verification, educational background verification, reference verification, previous work experience, criminal background checks including but not limited to police verification, criminal data verification, financial default checks such as CIBIL for purpose of verification for employment at Globiva or to validate the information provided by me, at the time of joining as and when required

I _____ (name), do hereby declare that I have fully read and understood the policies of Globiva Services Private Limited as stated in the "Code of Conduct" and I will unconditionally abide by them.

I understand that my failure to comply with the policies mentioned in the "Code of Conduct" will result in appropriate action, which may include termination of my services from the organization rendering me liable for any civil and criminal proceedings.

Name of Employee

Signature of employee

Date

Place

**FORM - 2 (Revised)****NOMINATION AND DECLARATION FORM****FOR EXEMPTED / UNEXEMPTED ESTABLISHMENTS**

Declaration and Nomination Form Under the Employee's Provident Funds & Employees' Pension Scheme

(Paragraph 33 & 61 (1) of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees's Pension Scheme, 1995)

1	Name (In Block Letters)	:				
2	Father's / Husband's Name	:				
3	Date of Birth	:				
4	Sex	:				
5	Marital Status	:				
6	Account Number	:				
7	Address	Permanent	:			
		Temporary	:			
8	Date of Joining	:				
	EPF	:				
	EPS	:				

PART - A (EPF)

I here by nominate the person(s) / cancel the nomination made by me previously and person(s) mentioned below to receive the amount standing to my credit in the Employees' Provident Fund, in the event of my death.

Name & Address of the Nominee/ Nominees	Nominee's relationship with the member	Date of Birth	Total amount of share of accumulation in provident fund to be paid to each nominee	if the nominee is minor name & address & relationship of the guardian who may receive the amount
1	2	3	4	5

- 1 Certified that I have no family as defined in para 2 (g) of the Employee's 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 depended upon me
- 3 Unmarried members in the absence of dependent parents may nominate any other person to receive the shares

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

Signature or thumb impression of the Subscriber

PART - B (EPS)

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

S.No	Name of the Family Members	Address	Date of Birth	Relationship
1				
2				
3				
4				
5				

Certified that I have no family as defined in para 2 (vii) of the Employee's Pension Scheme 1995 and should I acquire a family hereafter the above nomination should be deemed as cancelled

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16(2) (g) (I) & (ii) in the event of my death with out leaving any eligible family member for receiving pension.

Name & Address of the Nominee	Date of Birth	Relationship with the member

x

Date :

Signature / Thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before shri/Smt/Kum ÖÖÖÖÖÖÖÖÖÖÖÖÖ employed in my establishment after he/she has read the entry/entries have been read over to him/her by me and got confirmed by him/her.

Place:

Date :

Signature of the employer

Name & Address of the Establishment



DECLARATION FORM

FORM - 1

Employer's Code No.

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(A) Insured Person's Particulars

1 Insurance No.													
2 Name (in block capital)													
3 Father's/ Husband's Name													
4 Date of Birth	DD MM YY <table border="1"><tr><td></td><td></td><td></td></tr></table>				5. Martial Status	M / U / W							
		6. Sex	M / F										
7 Present Address Pin : <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> e-mail address							8. Permanent Address Pin : <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> e-mail address						
Branch office:	Dispensary :												

(B) Employer's Particulars

10. Date of Appointment	Day <table border="1"><tr><td></td></tr></table>		Month <table border="1"><tr><td></td></tr></table>		Year <table border="1"><tr><td></td></tr></table>	
11. Name & Address of the employer						
12. In case of any previous employment please fillup the details as under: -						
Previous Ins. No.						
Empls. Code No.						
11. Name & Address of the employer						

(C) Details of the 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 of the Nominee	Relationship with insured person	Address

I hereby declare that the above particulars have been given by me and are correct to the best of my knowledge and I belief. I also under take to intimate to the corporation any change in the membership of my family within 15 days of such change having occurred.

Counter Signature of the Employer

Signature with Seal

Signature / T.I. of I P

(D) FAMILY PARTICULARS OF INSURED PERSON

Sl. No.	Name	Date of Birth	Relationship with insured person	Whether residing with him/her or not YES / NO	If No, State place of Residence TOWN STATE	
1						
2						
3						
4						
5						

ESI CORPORATION
Temporary Identity Card

Valid for 3 months from the date of appointment

Name			
Ins. No	Date of Entry		
Father's/ Husband's Name	Date of Birth		
Branch Office	Dispensary		
Name, Address & Code No. of the employer			

(Space for photograph)

Validity

Dated

Signature / T.I. of I P

Signature of B.M. with Seal

INSTRUCTIONS

- 1 Submission of Form 1 is governed by regulations 11 & 12 of ESI (General) Regulations, 1950
- 2 *Family* means all or any one of the following relatives of an insured person namely:-
(i) a Spouse (ii) a minor legitimate or adopted child dependent upon the I.P.: (iii) a child who is wholly dependent 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 un married daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependent on the earnings of the I.P. so long as the infirmly continues; (v) dependent Parents
- 3 Identity Card is Non - Transferable
- 4 Loss of Identity Card be reported to Employer / Branch manager immediately
- 5 Submission of false information attracts penal action under section 84 of ESI Act, 1948
- 6 This form dully 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 the employer
- 7 As an insured person you and your dependent family members are entitled to full medical benefit from today itself. 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 For more details contact website of ESIC at www.esic.org.in or contact Regional office or Branch office

FOR BRANCH OFFICE USE ONLY

1. Date of allotment of Ins. No.
2. Date of issue of T.I.C :
3. Name / No. of Disp. :
4. Whether reciprocal Medical arrangements involved, if yes, Please indicate

Signature of Branch Manager

Sl. No.	Name	Date of Birth	Relationship with insured person	Whether residing with him/her or not	If No, State place of Residence	
					TOWN	STATE
				YES / NO		
1						
2						
3						
4						
5						
6						
7						



Employees' Provident Fund Organization

&

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.

MR.	MS.	MRS.
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(PLEASE TICK)

A 10x4 grid. The first 4 columns contain a shaded triangle with vertices at (0,0), (4,0), and (4,4). The last 4 columns contain a shaded quarter-circle with radius 4, centered at (10,2), spanning from x=6 to x=10 and y=0 to y=4.

D	D	M	M	Y	Y	Y	Y

MR.																									
-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FATHER	HUSBAND

MALE	FEMALE	TRANSGENDER

[illegible][illegible]

YES	NO
-----	----

YES	NO
-----	----

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

A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBERID:

UAN

--	--	--	--	--	--	--	--	--	--	--	--	--

OR

PREVIOUS PF MEMBER ID

REGIONC ODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER

11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICAT ENUMBER: _____
 (B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER: _____

B. OTHER DETAILS

13) INTERNATIONAL WORKER (PLEASE TICK)

YES	NO

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A),13(B)&13(C):

13(A) COUNTRY OF ORIGIN (Please Tick)

INDIA	OTHER THAN INDIA (If YES, PLEASE MENTION NAME OF THE COU

13(B) PASSPORT NUMBER

--

13(C) PASSPORT VALID FROM

D	D	M	M	Y	Y	Y	Y

To

D	D	M	M	Y	Y	Y	Y

14) EDUCATIONAL QUALIFICATION (PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIORS ECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/P ROFESSIONAL

15) MARITAL STATUS (PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/WIDOWER	DIVORCEE

16) SPECIALLY ABLED (PLEASE TICK)

YES	NO

IF YES, TICK THE CATEGORY

LOCOMOTIVE	VISUAL	HEARING

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*			IFSCCODE*
NPR/AADHAAR			
PERMANENT ACCOUNT NUMBER (PAN)			
PASSPORT			EXPIRYDATE
DRIVING LICENCE			EXPIRYDATE
ELECTION CARD			
RATION CARD			
ESIC CARD			

***Mandatory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOW EVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCs TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTO COPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THISFORM.**

C.UNDER TAKING:

- 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 MEMBERPORTAL.**

DATE:

PLACE:

SIGNATUREOF 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 DATA BASE

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 DATA BASE 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

Payment of Gratuity (Central) Rules

FORM 'F'

See sub-rule (1) of Rule 6

Nomination

To,

(Give here name or description of the establishment with full address)

I, Shri/Shrimati/Kumari _____

(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/are a 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
(1)		(2)	(3)	(4)
1.				
2.				
3.				
4.				

Statement

1. Name of employee in full _____
 2. Sex _____
 3. Religion _____
 4. Whether unmarried/married/widow/widower _____
 5. Department/Branch/Section where employed _____
 6. Post held with Ticket No. or Serial No., if any _____
 7. Date of appointment _____
 8. Permanent address:
Village _____ Thana _____ Sub-division _____
Post Office _____ District _____ State _____
-

Place: _____

Signature/Thumb-impression of the
Employee

Date: _____

Declaration by Witnesses

Nomination signed/thumb-impressed before me

Name in full and full address of witnesses.

Signature of Witnesses.

1. _____

2. _____

1. _____
2. _____

Place: _____

Date: _____

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 authorised
Designation

Date: _____

Name and 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: _____

Signature of the Employee