Onboarding Checkl	ist - Intern			
	First Name	Middle Name	Last Name	
Employee Name	Harika		roddam	
Employee ID				
	MM-DD-YYYY		MM-DD-YY	YY
Birth Date	9/25/1997	Date of Joining	1/10/2022	
Sl. No.	Documents		Applicability(Tick)	Furnished(Tick)
1	Intern letter			
2	PAN card photocopy			
	Address proof - Photocopy of any one of the	below document		
3	* AADHAAR card			
	* Passport			
	* Others			
4	Passport size photographs (2 nos )			
	Joining Master sheet along with			
	a) Nomination form (Full and Final settlemen	nt)		
	b) ESI Scheme Declaration Form			
	c) ISMS Compliance undertaking form			
	d) Pre Employment Medical Fitment			
_	e) Acknowledgement - Code of Business Ethi	CS		
5	j) Acknowledgment - Anti-Corruption Policy			
	k) Acknowledgement - Equal Opportunity Fo	rm		
	I) Blue Book			
I hereby declare th	<u>nat:</u>			
- Copies of the above	e documents have been submitted for the purpose of	of documentation and all orig	inals have been taken ba	ick post verification
,	• •	_		•
x			4 /4 0 /0 000	
Candidate Signatu	re	D	1/10/2022 ate	
For HR use only				
Nama	Cimantum		1/10/2022	
Name	Signature	ט	ate	



Personal Details				
Full Name ( as given in your passpore  First  Harika	rt with initials exp Middle	anded)	Last Name roddam	
Designation as per offer letter Associate Consultant	Band as per Of	fer letter	Date of Joining 1/10/2022	Place of Posting Bangalore
Marital status: Single		70 Mobile:	93418784 Landl	9849492789 ine:
Marriage Date:		Emergenc	9849492789 y:	
Gender: Female		Personal E	mail ID: roddamharika97@	gmail.com
Date of birth (MM/DD/YYYY): 9/25/	1997	Passport I	T1147091 No Issue Date	1/29/2019 e:
Place of birth: Kadiri			1/28/2029 hte: Passport issue	
Birth Country:		AADHAAF	DYWPR6115J  R No.: 903560833059	
Nationality:		"AADHAAR number (for PF/ESI/Statutory purpose only)"  — Disability/Medical Condition(Yes/No):  No		
		(Please ref	er equal opportunityform)	
		Nature of	Disability:	

Family Details					
Particulars	Father	Mother	Spouse/Partner	Child 1	Child 2
5 U.S.	Ramanjula Reddy	Padmavathamma			
Full Name	Roddam	Roddam			
Gender	Male	Female			
Date of Birth	2/17/1974	1/1/1973			

Languages Known			
Language	Read	Write	Speak
English	(d) Proficient	(d) Proficient	(d) Proficient
Telugu	(d) Proficient	(d) Proficient	(d) Proficient



Address details		
	Complete Address	Emergency contact details
Permanent Address  Same as Current Address	1-161, Donnikota Donnikota Anantapur 515531 Andhra Pradesh India No	Name: Padmavathamma Relationship: Contact Number: +917093418784
Current Address	Sri Sravya luxury pg for ladies,#13&14 Ravellas paramount suites Bangalore Karnataka India 560037	Name: Padmavathamma Roddam Relationship: Mother Contact Number: 9849492789
Secondary Emergency Address		Name: Avinash Roddam Relationship: Brother Contact Number:

## **Educational Qualifications**

Highest Qualification Bachel	or's Degree	
College Name & Address	Sreenivasa Institute of Te	echnology And Management Studies
University Name & Address	Jawaharlal Nehru Techno	ological University, Kadapa
Program: Bachelor of Engg./	Technology	Period: (MM/DD/YYYY) Start Date: 6/1/2015 Date of Passing: 5/25/2019
Type of degree: Full Time  Specialization: Electronics/T	ele communications	Percentage/Rank/Grade/Class: 79.4  Roll/SeatNumber: 15751A04D4

Other Qualification 1 (If any);	
College Name & Address	
University Name & Address	
Program:	Period: (MM/DD/YYYY)
	Start Date:
	Date of Passing:
Type of degree:	Percentage/Rank/Grade/Class:
Specialization:	Roll/SeatNumber:



Other Qualification 2 (If any);	
College Name & Address	
University Name & Address	
Program:	Period: (MM/DD/YYYY)
	Start Date:
	Date of Passing:
Type of degree:	Percentage/Rank/Grade/Class:
Specialization:	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:	Percentage/Rank/Grade/Class:
Specialization:	Roll/SeatNumber:



#### **Employment Details**

SI.No	Employer Name	Employer Location	Start and End date (MM/DD/YYYY)	Designation	Employment Type (Full/Part Time)
1	HCL Technologies Ltd	Bangalore	7/19/2019 1/7/2022	Software Enginee	Full Time
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



Employee State Insu	rance Corporation (ES	SIC)			
	1	2	3	4	5
Nominee Name	Roddam padmavathamm				
Relationship	Mother				
Address	1-161, Donnikota, Donnikota,Anantapur District, 515531				
City					
Date of Birth	1/1/1973				
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	Roddam Padmavathamm				
Relationship	Mother				
Address	1-161, Donnikota, Anantapur District,515531				
City					
Date of Birth	1/1/1973				
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.



Harika roddam

Name of Nominee

Address of Nominee

Place: Bangalore

Relationship

Karnataka

Address Sri Sravya luxury pg Ravellas

560037

Mother

District 515531

#### NOMINATION FORM (To be filled by employee)

(EMP Code)

Nominee 2

Signature of employee

Nominee 3

Bangalore

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:-

India

Nominee 1

Roddam Padmavathamma

1-161, Donnikota, Anantapur

% of distribution	100	0	0
Company's liability and no  This document supersedes between me and the C commitments of, any kind,	one party shall have any rig s all previous agreements in company. There are no co	oral or written understand	
set out in this document.			
set out in this document.  Full Name and Location of W	itnesses	Signature of Wi	tnesses
		Signature of Wi	



	DECLARATION FORM_FORM 1					
Sr.No	Particulars	Fill up by Employee all points is necessary				
Α	Employee Details					
	* Whether Earlier Member of ESI Scheme (Yes/No)					
	* If Yes, your earlier ESI Number					
	Employee ID					
1	Employee's Full Name	Harika roddam				
2	Father's Name	Ramanjula Reddy Roddam				
3	Spouse's Name					
4	Gender	Female				
5	Date of Birth	9/25/1997				
6	Date of Joining	1/10/2022				
7	Marital Status	Single				
8	Religion					
9	Nationality	Indian				
4.0	Handicap? (YES/NO)					
10	If Yes, From date & Certificate					
	Permanent Address	Sri Sravya luxury pg for ladies,#13&14				
	Area	Ravellas paramount suites				
	City	Bangalore				
11	District					
	State	Karnataka				
	Pin Code	560037				
12	Temporary Address	Sri Sravya luxury pg for ladies,#13&14				
	Area	Ravellas paramount suites				
	City	Bangalore				
	District					
	State	Karnataka				
	Pin Code	560037				
13	STD Code & Telephone Number	9849492789				
14	Mobile/Cell Number	7093418784				
15	Email ID	roddamharika97@gmail.com				
16	PAN Number	DYWPR6115J				
17	Do you have AADHAAR Card ? (YES/NO)					
	If yes, please mention 16 digits AADHAAR Card No.	903560833059				



	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	Roddam padmavath	Mother	1/1/1973						
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

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.