

Joining Information



PLEASE WRITE IN BLOCK CAPITALS

CORP ID: _____

FIRST NAME*: _____

LAST NAME*: _____

DATE OF BIRTH*: _____ GENDER*: ☐ Male ☐ Female

MARITAL STATUS*: ☐ Married ☐ Single

DATE OF JOINING: _____

COUNTRY OF CITIZENSHIP*: _____

PERSONAL E-MAIL ID*: _____

PAN CARD NUMBER*: _____

PASSPORT NUMBER*: _____

CONTACT DETAILS*: _____

Current Address:

Postal Code: _____

Mobile Number: _____

Permanent Address:

Postal Code: _____

EMERGENCY CONTACT

(mention at least 2 contacts)*:

	Name	Phone Number
Person 1		
Person 2		
Person 3		

Joining Report

I, _____ have joined Fidelity Business Services India Private Limited as _____ with effect from _____ as per the offer letter dated _____

Date: _____

Signature: _____

Employee Name: _____

Permanent Address: _____



Transportation Service – Form A

New Employees / Change of Personal Details

The following information is requested from all staffs who wish to avail transport service.

Date : _____ Location: EGL/ MANYATA/CHENNAI

Shift Start Time : _____ Designation: _____

Business Unit : _____

Contractors to submit insurance copies provided by their contracting firm to avail transport

Employee Corp ID: _____

Employee Name : _____

Gender : _____

Residential Address: _____

Pin Code : _____

Landmark : _____

Phone Number : _____

Mobile Number : _____

Employee Signature: _____

Employee: _____	Contractor: _____
HR Department: _____	HR Dept. OR BU Manager: _____
Name & Corp ID. : _____	Name & Corp ID. : _____
Signature: _____	Signature: _____

* Please note that the transport facility will be approved only if the residential address of the user falls within the Transport boundary limits set by the Fidelity Transport Dept.

NOMINATION FORM FOR LIFE AND ACCIDENT INSURANCE

Employer :-	Fidelity Business Services India Private Limited		
Member Name* :-			
Group Policy No. :-	Employee No. :-		
Gender :-	Marital Status :-		
Date of Employment :-	Date of Birth :-		
Nationality :-	Designation* :-		

In the event of my Death, I wish my benefits under the above Policy to be apportioned between my nomination beneficiary (ies) as follows:

	Name	Date of Birth	Relationship	Percentage [%]
1				
2				
3				
4				
	Total			

IMPORTANT NOTE: I understand that this document will be retained by my Employer and used to distribute any benefits arising from the Policy. This document super cedes any previous nominations.

Signature of Employee

Date:

If you wish to maintain the content of this form as confidential, please return to your Human Resources Manager/Employer in a sealed envelope.

In the event that you wish to amend your nomination, please ask your employer for a replacement Member Enrolment Form.

KARNATAKA PAYMENT OF GRATUITY RULES, 1973

FORM F

[See sub-rule (1) of Rule 6]

To

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

1. 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, 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 my husband.
5. I have excluded my husband from my family by a notice dated _____ to the Controlling Authority in terms 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
1		2	3	4
1				
2				
3				
4				
			Total	

Statement

-
1. Name of employee in full : _____
 2. Sex : _____
 3. Religion* : _____
 4. Whether unmarried I married I widow I widower* : _____
 5. Department I Branch I Section where employed : _____
 6. Post held with Ticket No. of Serial No., if any : _____
 7. Date of appointment : _____
 8. Permanent address : _____

Village _____ Thana _____ State _____ Sub-division _____

Post Office _____ District _____

Place:

Date:

Signature/Thumb-impression of the employee

Declaration by witness

Nomination signed /thumb-impressed before me

Name in full and full address of witnesses

Signature of witnesses

1.

1.

2.

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

Name and address of the establishment
Or rubber stamp thereof.

Acknowledgment by the employee

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

Signature of Employee

Previous Employer Declaration Form - PF

Corp Id:

Name:

Previous Employer Name:

Previous Employer PF No:

Previous Employer Pension No:

UAN (if allotted by previous employer):

Date of joining Previous Employer:

Date of leaving Previous Employer:

Whether Earlier a Member of the Employees' Provident Fund:

Whether Earlier a Member of the Employees' Pension Scheme:

Previous Employer PF Transfer / Withdrawal:

Name:

Signature:



FORM 2 (Revised)

Employee code _____
(Mandatory)

(For Unexempted /Exempted Establishments)

NOMINATION AND DECLARATION FORM

(Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme)

(Paragraphs 33 & 61 (1) of the Employees' Provident Funds Scheme, 1952 and paragraph 18 of the Employees' 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 No. (PF/EPS Number) :
- 7 Address (Residential) : Permanent
Temporary

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 and Address of the nominee/ nominees	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Fund to be paid to each nominee (%)	If the nominee is a minor, name and relationship and address of the guardian who may receive the amount during the minority of nominee
(1)	(2)	(3)	(4)	(5)
			100%	

- 1 * Certified that I have no family as defined in para 2(g) of the Employees' Provident Funds 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 dependent upon me.
3. * Strike out whichever is not applicable.

Signature or thumb impression of the subscriber

Note: - A Fresh nomination shall be made by the member on his marriage and any nomination made before such marriage shall be deemed to be invalid

If Married -> Spouse, Children (married or unmarried), his/her dependent parents, deceased son's widow and children.
If unmarried then Parents, Brother, Sister or any other person(s)

Part B (EPS) (Para 18) \$

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.

Sl.No.	Name and address of the family members	Date of Birth	Relationship with the member
(1)	(2)	(3)	(4)
1			
2			
3			
4			

** 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 widow pension (admissible under para 16 2(a) (i) and (ii) of Employees' Pension Scheme, 1995 in the event of my death without leaving any eligible family member for receiving Pension. \$\$

Name and Address of the Nominee	Date of Birth	Relationship with the member
(1)	(2)	(3)

Dated the : _____

.....
Signature or thumb impression
of the subscriber

**Strike out whichever is not applicable.

CERTIFICATE BY EMPLOYER

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

Place: _____

Dated the _____

.....
Signature of the Employer or other authorised
Officer of the establishment

Designation.....
Name and address of the Factory/Establishment
or rubber stamp thereof

\$ - Applicable if Married -> To Spouse and Children (include children adopted legally before death in service).

\$\$ - Applicable to both Married and unmarried – (1) Married ----- To any person(s) other than spouse and children.
(2) Unmarried ----- To Parents, Brother, Sister or any other person(s).



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 Scheme, 1995 is applicable)

1	Name of the member																	
2	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/>																	
3	Date of Birth: (DD / MM / YYYY)																	
4	Gender:(Male /Female/Transgender)																	
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)																	
6	(a) Email ID: (b) Mobile No:																	
7	Present employment details: Date of joining in the current establishment(DD/MM/YYYY)																	
8	KYC Details: (attach self-attested copies of following KYCs)																	
	a) Bank Account No:																	
	b) IFS Code of the branch:																	
	c) AADHAR Number																	
	d) Permanent Account Number(PAN), if available																	
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952																	
10	Whether earlier a member of Employees' Pension Scheme, 1995																	
11	Previous employment details: [if Yes to 9 AND/OR above] -- Un-exempted																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Establishment Name & Address</th> <th style="width: 10%;">Universal Account Number</th> <th style="width: 10%;">PF Account Number</th> <th style="width: 10%;">Date of Joining (DD/MM/YYYY)</th> <th style="width: 10%;">Date of exit (DD/MM/YYYY)</th> <th style="width: 10%;">Scheme Certificate No.(if issued)</th> <th style="width: 10%;">PPO Number (if issued)</th> <th style="width: 10%;">Non Contributory Period (NCP)Days</th> </tr> </thead> <tbody> <tr> <td style="height: 50px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Establishment Name & Address	Universal Account Number	PF Account Number	Date of Joining (DD/MM/YYYY)	Date of exit (DD/MM/YYYY)	Scheme Certificate No.(if issued)	PPO Number (if issued)	Non Contributory Period (NCP)Days									
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13	a) International worker: b) If yes, state country of origin(India/Name of other country) c) Passport No. d) Validity of passport[(DD/MM/YYYY) to (DD/MM/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 present 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:

Place:

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member has joined on and has been allotted PF No..... and UAN.....
- B. In case the person was earlier not 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 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.