

JOINING FORMALITIES

| Check List | | | |
|----------------------------|---|---|--------------------------|
| SI . No | Particulars | Yes | No |
| 1 | Resume | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Education Certificate (Any 1 whichever applicable) | | |
| | a) X Standard | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) XII Standard | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) Graduation | <input type="checkbox"/> | <input type="checkbox"/> |
| | d) Post - Graduation | <input type="checkbox"/> | <input type="checkbox"/> |
| | e) Any other – Please specify | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Previous Employment Proofs (Any 2 whichever applicable) | | |
| | a) Previous Employment Service certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) Previous Employment Relieving letter | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) Previous Employment Appointment Letter | <input type="checkbox"/> | <input type="checkbox"/> |
| | d) Previous Employment Last Drawn Pay slip | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | ID proof and Address Proof | <input type="checkbox"/> | <input type="checkbox"/> |
| | a) Copy Of PAN Card (Mandatory) | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) Copy Of Passport | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) Copy Of Aadhar (Mandatory) | <input type="checkbox"/> | <input type="checkbox"/> |
| | d) Copy Of Voters ID / Driving License (If Available) | <input type="checkbox"/> | <input type="checkbox"/> |
| | e) Copy Of Ration Card | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Bank Account Proof(cancelled Chq / Passbook Copy) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Photographs – 2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Visiting Card Size Family Photo – For ESI | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | For Income tax Purpose: (Above 25,000 gross) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Existing ESI No : _____ ESI Dispensary for IP : _____ ESI Dispensary for Family : _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Joining Documents | Filled | Signed |
| | a) Personal Information Sheet | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) PF nomination & Declaration Form | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) ESI form – If applicable | <input type="checkbox"/> | <input type="checkbox"/> |
| | d) Reference Check Form | <input type="checkbox"/> | <input type="checkbox"/> |
| | e) Nomination Form | <input type="checkbox"/> | <input type="checkbox"/> |
| | f) ID Card Form | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Hiring | Completion Of All Above Activities | Name & Signature Of Implant HR | |
| | Yes/No | | |
| For Office Use Only | | | |
| Employee ID | | Client | |
| Employee Name | | Department | |
| Date of Joining | | Designation | |
| Location | | Sub Location | |
| Salary / Gross | | State | |



ONTRACK HR SERVICES PRIVATE LIMITED

No.12/3,Ground Floor, Malaviya Street, Ramnagar,Coimbatore-641 009,Tamilnadu, India

Personal Information Sheet

For Office Use only :

| | | | |
|------------|--|-----------------|--|
| ESI Number | | Emp ID | |
| PF Number | | Date of Joining | |

Affix Recent
Passport size Photo
(In white
Background)

Personal Details

| | | | | |
|----------------------|--------------------------------------|-----------------|---------------|------------------------|
| Name | | | | (Initials at the last) |
| Date of Birth | - - (DD - MMM - YYYY) | | | |
| Gender | Male / Female / Others | | | |
| Place of Birth | | | | |
| Religion | | | | |
| Nationality | | | | |
| Blood Group | | | | |
| Father's Name | | Date of Birth | | |
| Mother's Name | | Date of Birth | | |
| Marital Status | Single / Married / Widow / Separated | | | |
| Emp. Date of Wedding | - - (DD - MMM - YYYY) | | | |
| Spouse Name | | Date of Birth : | Male / Female | |
| Child 1 Name | | Date of Birth : | Male / Female | |
| Child 2 Name | | Date of Birth : | Male / Female | |

Address for Correspondance

| Present Address | | Permanent Address | |
|-----------------|--|-------------------|--|
| Door No | | Door No | |
| Building Name | | Building Name | |
| Street Name | | Street Name | |
| Location | | Location | |
| City | | City | |
| District/Taluk | | District/Taluk | |
| Pin Code | | Pin Code | |
| State | | State | |

| Contact Details | | | | | |
|--|-----------------------------------|--------------------------------|---------------------------------|--------------------------------|--------------------------------|
| Employee | | | Emergency Contact Person Name : | | |
| Mobile Number | | Relationship | | | |
| Mail ID | | Mobile Number | | | |
| Bank Account Details | | | | | |
| Name as per Bank Account | | | | | |
| Name of the Bank | | Branch | | | |
| Account Number | | | | | |
| IFSC Code | | | | | |
| Personal IDs | | | | | |
| Aadhar Card Number (Mandatory) | | Driving License / Voter ID | | PAN Card Number | |
| | | ID Number | | | |
| | | Date of Issue | | | |
| | | Valid Up to | | | |
| Languages Known (Tick Appropriate) | | | | | |
| Mother Tongue | | | | | |
| To Read | <input type="checkbox"/> English | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| To Write | <input type="checkbox"/> English | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| To Speak | <input type="checkbox"/> English | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| Educational Qualification - From S.S.L.C to Highest Degree | | | | | |
| Course | Name of the Institution, Location | University | From - To | % of Marks/ Grade | Specialization |
| S.S.L.C | | | | | |
| H.S.C | | | | | |
| UG | | | | | |
| PG | | | | | |
| Diploma | | | | | |
| Others | | | | | |
| Previous Employer Details (From Recent to Old) | | | | | |
| Total Years of Experience | _____ yrs & _____ month | | | | |
| Name & Address of the company | From (DD - MMM - YYYY) | To (DD - MMM - YYYY) | Designation | Industry | CTC (per Annum) |
| | | | | | |
| | | | | | |
| | | | | | |

Reference Details (Previous Employer and/or done education under) *

| Reference 1 | | Reference 2 | |
|------------------------------------|--|------------------------------------|--|
| Name | | Name | |
| Designation/Position Held | | Designation/Position Held | |
| Name of the Organization & Address | | Name of the Organization & Address | |
| Contact Number | | Contact Number | |
| Years of Acquaintance | | Years of Acquaintance | |

Declaration by Employee

I hereby attest that all statements made in this application are true and correct to the best of my knowledge. I understand and agree that any deception, fraud on providing false or misleading statements of material facts in this application may cause the forfeiture of all rights to employment or immediate termination if discovered after employment.

I hereby authorize the Company or any third party retained by them to make inquiries, either by written communication, by telephone, online, or in person to any former employer, Government agency, Educational Institution, State Police, Military Establishment or any other persons or institutions knowledgeable of my background as to my prior history, work experience, nature of duties, CTC, performance levels, reliability, responsibility, honesty and any other measures of my character or personality.

Date:

Place:

Strike out which ever is not suitable

* Other than Friends and Relatives

Signature of the Employee

DECLARATION FORM

To be filled in by the employee after reading instructions overleaf.
Two Postcard Size photographs are to be attached with this form.

A) INSURED PERSON'S PARTICULARS

B) EMPLOYER'S PARTICULARS

| | | | | | | | | | | | |
|-------------------------------|--|---|---|----------------------|-------------------|-------------------------|-----------|--|-------|------|--|
| 1. Insurance No. | | | | | | 9. Employer's Code No. | | | | | |
| 2. Name(in block letters). | | | | | | 10. Date of Appointment | | Date | Month | year | |
| 3. Father's / Husband's Name. | | | | | | | | | | | |
| 4. Date of birth. | | D | M | Y | 5. Marital Status | | M / U / W | | | | |
| | | | | | 6. Sex | | M / F | | | | |
| 7. Present Address | | | | 8. Permanent Address | | | | 11. Name & Address of the Employer | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Pin Code | | | | Pin Code | | | | 12. In case of any previous employment please fill up the details as under:- | | | |
| Email | | | | Email | | | | a) Previous Ins. No. | | | |
| Branch Office | | | | Dispensary | | | | b) Employer's Code No. | | | |
| | | | | | | | | c) Name & address of the Employer. | | | |
| | | | | | | | | Email | | | |

(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 changes.

Counter signature by the employer

Signature/T.I. of IP

Signature with seal

(D) FAMILY PARTICULARS OF INSURED PERSON

| S.No. | Name | Date of Birth / Age as on date of filling form | Relationship with the Employee | Whether residing with him/her? | | If 'No', state place of Residence | |
|-------|------|--|--------------------------------|--------------------------------|----|-----------------------------------|-------|
| | | | | Yes | No | Town | State |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |

ESI CORPORATION
TEMPORARY IDENTITY CARD

(Valid for 3 months from the date of appointment)

| | | | |
|-------------------------------|--|----------------------|--|
| Name | | | |
| Ins No. | | Date of appointment. | |
| Branch Office | | Dispensary. | |
| Employer's Code No. & Address | | | |

(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 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. 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 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. As an Insured Person you and your dependant family members 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 women employees) subject to fulfillment of contributory conditions.
8. For more details please visit 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 TIC : | _____ |
| 3. Name/No. of Disp. : | _____ |
| 4. whether reciprocal Medical arrangements involved? If yes, please indicate: | |
| Signature of Branch Manager | |

| S.No. | Name | Date of Birth / Age as on date of filling form | Relationship with the Employee | Whether residing with him/her? | | If 'No', state place of Residence | |
|-------|------|--|--------------------------------|--------------------------------|----|-----------------------------------|-------|
| | | | | Yes | No | Town | State |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |

Emp ID : _____
(for office use)

FORM -2 (REVISED)

NOMINATION AND DECLARATION FORM

FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS

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

| | |
|--------------------|-------|
| Date of Joining in | _____ |
| EPF | _____ |
| EPF' 71/EPS | _____ |
| SRO/CBE/GR | _____ |

(Paragraph 33 & 61(1) of the Employees' provident Fund Scheme, 1952 & 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 (for office use) | : | |
| 7. Address | | |
| Permanent | : | |
| Temporary | : | |

PART - A(EPF)

I hereby nominate the person(s) / cancel the nomination made by 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 & 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 & address of the guardian who may receive the amount during the minority of nominee |
|--|--|---------------|---|--|
| 1 | 2 | 3 | 4 | 5 |
| | | | | |

- * 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.
- * Strick out whichever is not applicable.

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

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 widow / children pension in the event of my death.

| S. No. | Name of the family members | Address | Date of Birth | Relationship with the member |
|--------|----------------------------|---------|---------------|------------------------------|
| 1 | 2 | 3 | 4 | 5 |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

** 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 person for receiving the monthly widow pension (admissible under para 16(2) (g) (i) & (ii) in the event of my death without leaving any eligible family members for receiving pension.

| Name and Address of the nominee | Date of Birth | Relationship with the member |
|---------------------------------|---------------|------------------------------|
| | | |

Date :

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

Signature of the employer or authorised officers of the establishment.

Place :

Designation :

Name & Address of the factory / Establishment or Rubber Stamp there on.



EMPLOYEES PROVIDENT FUND ORGANIZATION
 Employees provident funds scheme, 1952 (paragraph 34 & 57) &
 Employees pension scheme 1995 (paragraph 24)

New Form No.11- Declaration Form

(To be retained by the employer for future reference)

| |
|-----------------|
| Emp Code: _____ |
| Company: _____ |

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 end /of EPS1995 is applicable)

| | | | | | | |
|---|--|-----|--------------------------|----------|--------------------------|--------|
| 1 | Name of the member | | | | | |
| 2 | Father's Name () Spouse's Name () (Please Tick Whichever Is Applicable) | | | | | |
| 3 | Date of Birth (DD/MM/YYYY) | | | | | |
| 4 | Gender: (male / Female /Transgender) | | | | | |
| 5 | Marital Status (married /Unmarried /widow/divorce) | | | | | |
| 6 | (a)Email ID: (b)Mobile No: | | | | | |
| 7* | Whether earlier a member of Employees 'provident Fund Scheme 1952 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| 8* | Whether earlier a member of Employees 'Pension Scheme ,1995 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| If response to any or both of (7) & (8) above is yes. MANDATORY FILL UP THE (COLUMN 9) | | | | | | |
| 9 | a) Universal Account Number(UAN) | | | | | |
| | b) Previous PF a/c No | AP | HYD | EST.CODE | EXTN | PF NO. |
| | c) Date of exit from previous employment (DD/MM/YYY) | | | | | |
| | d) Scheme Certificate No (if Issued) | | | | | |
| | e) Pension Payment Order (PPO)No (if Issued) | | | | | |
| 10 | a) International Worker: | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | |
| | 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) | | | | | |
| KYC Details: (attach Self attested copies of following KYCs) ** | | | | | | |
| 11 | a) Bank Account No .& IFS code | | | | | |
| | b) AADHAR Number (12 Digit) | | | | | |
| | c) Permanent Account Number (PAN),If available | | | | | |

UNDERTAKING

- 1) Certified that the Particulars are true to the best of my Knowledge
- 2) I authorize EPFO to use my Aadhar for verification / e KYC purpose for service delivery
- 3) Kindly transfer the funds and service details, if applicable if applicable, from the previous PF 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
- 4) In case of changes In above details the same Will be intimate to employer at the earliest

Date:

Place

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A) The member Mr./Ms./Mrshas joined onand has been allotted PF Number.....
- B) In case 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 PF account number /UAN 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.

Emp ID : _____

FORM No. 25

¹[(See Rule 127)]

FORM OF NOMINATION

I, Mr./Ms. hereby declare that in the event of my death before resuming work, the balance of my pay due for the period of leave with wages not availed of shall be paid to Mr/Ms. who is my Father / Mother / Husband / Wife / Son / Daughter and resides at,
.....
.....

Witness 1

Name :
Signature :
Address :

Witness 2

Name :
Signature :
Address :

[_____]

Signature of the Employee

Name: _____

Date :

Place :



Emp. No. _____

DECLARATION OF NON – AVAILABILITY OF UAN No.

I, Mr./Ms. _____ hereby declare that I do not have any existing Provident Fund Universal Account Number/UAN No.

[_____]

Signature of Applicant

Name : _____

Date :

Place :