6 Sample Kit 9

BharatPe

Onboarding Application

Personal details			
First Name (As per Aadhar Only):	Ajay	Date Of Birth:	7/7/1993
Middle Name (As per Aadhar Only):		Gender:	Male
Last Name:	Singh	Personal Mobile Number:	9999999999
Blood Group:	A+	Nationality:	Indian
Marital Status:	Married		

Family Details			
Father's Name (As per Aadhar Only):	Ramesh Singh	Mother's Name	Usha Rani
Emergency Contact Person Name:		Emergency Contact Person Mobile No.:	7012008925
Emergency Contact Relation:			

Address			
Current Flat/House/Wing Number:	HNo. 123	Permanent Flat/House/Wing Number:	same as current
Current Street/Locality/Area:	Vijay Nagar, Gzb	Permanent Street/Locality/Area:	
Current Landmark:		Permanent Landmark:	
Current Pincode:	121002	Permanent Pincode:	
Current Country:	India	Permanent Country:	
Current State:	U.P	Permanent State:	
Current City:	Ghaziabad	Permanent City:	

Compliance Section			
Bank Name:	SBI	Are you a currently member of PF Pension Scheme?:	
Beneficiary Name:	Ajay Singh	Universal Account Number(UAN) (Please generate UAN no. in case not available):	101107234567
Bank A/C:	10776700423	ESIC/IP Number (Insured Persons Number):	
IFSC code:	SBIN0000681O	Nomination Name	
		Nomination (Percentage)	

Mandatory Documents			
Cancelled Cheque (Bank Details)	✓	Passport Size Photo	✓
Aadhar card No.:	846722000011	Pan Card No.:	AZPKJ0147N

Documents Checklist			
Aadhar Card	✓	PAN	✓

Cancelled Cheque	✓	10th Marksheet/Certificate	✓
Please affix your passport sized photo			Ajay **Signature** **Date:** **Place:**
For Office Use			
Employee Code		**Location**	

New Form No.-11 – Declaration Form

(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, 1995 is applicable)

1	Name of the member	Ajay Singh
2	Father's Name ☑ Spouse's Name ☐ (Please tick whichever is applicable)	Ramesh Singh
3	Date of Birth: (DD / MM / YYYY)	7/7/1993
4	Gender: (Male/Female/Transgender)	Male
5	Marital Status (Married/Unmarried/Widow/Widower/Divorcee)	Married
6	(a) Email ID:	ajaysingh143@gmail.com
	(b) Mobile No.:	9999999999
7	Whether earlier a member of Employees' Provident Fund Scheme, 1952	✓ Yes / No
8	Whether earlier a member of Employees' Pension Scheme, 1995	✓ Yes / No
9	**Previous employment details: [if Yes to 7 AND/OR 8 above]**	
	a) Universal Account Number:	101107234567
	b) Previous PF Account Number:	
	c) Date of exit from previous employment: (DD/MM/YYYY)	
	d) Scheme Certificate No. (if issued)	
	e) Pension Payment Order (PPO) No. (if issued)	
10	a) International Worker:	Yes / No
	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)]	
11	**KYC Details:** (attach self attested copies of following KYCs)	
	a) Bank Account No. & IFS Code	10776700423, SBIN0006810
	b) AADHAR Number	
	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/authentication/eKYC 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. (The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date:
Place:

Ajay
Signature of Member

DECLARATION BY PRESENT EMPLOYER

A. The member Mr./Ms./Mrs. ..... has joined on ..... and has been allotted PF Number ....

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 JAN 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 JAN 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

www.hrsolution.co.in

FORM 2 (REVISED)
Nomination and Declaration form for Unexempted/Exempted Establishments

Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme
(Paragraphs 33 & 61(1) of the Employees Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension Scheme, 1995)

1. Name (in BlockLetters) : AJAY SINGH
2. Father's/ Husband's Name: : Rameeh Singh
3. Date of Birth : 7/7/1993
4. Sex : Male
5. Marital Status : Married
6. Account No. : 10776700423
7. Address: Permanent: H.No 123, Vijay Nagar, Ghaziabad, UP- 121002

   Temporary: same as permanent
8. Date of Joining :

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 of nominee/no minees	Address	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 a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5	6
Rita Singh	H.No.123, Vijay, Nagar, Gzb	wife	6/12/1995	100%	

1. *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.
2. *Certified that my father/mother is /are dependent upon me.

* Strike out whichever is not applicable.

Ajay
Signature or thumb impression of the subscriber

PART B (EPS) (Para 18)

I hereby furnish below particular of the members of my family who would be eligible to receive widow/ children pension in the event of my death.

S No.	Name and Address of the family member		Date of Birth	Relationship with member
	Name	Address		
1	2	3	4	5
1.	Rita Singh	123, Vijay Nagar, Gzb	6/12/95	wife
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 162(a)(i) and (ii) 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 member
1	2	3
Rita Singh	6/12/95	wife

Date :.....

Signature or thumb impression of the subscriber Ajay

**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./Kum. .....employed in my establishment after he/she has read the entries/entries been read over to him/her by me and got confirmed by him/her

Place :.....

.....

Signature of the employer or other Authorized Officers of the Establishment

Destination .....

Dated

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 Ajay Singh whose particulars are given in the statement below.
[Name in full here]
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 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 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 shared
1. Rita Singh	wife	29	100%
2.			
3.			
so on.			

Statement

1. Name of employee in full. Ajay Singh
2. Sex. Male
3. Religion. Hindu
4. Whether unmarried/married/widow/widower. Married
5. Department/Branch/Section where employed.
6. Post held with Ticket or Serial No., if any.
7. Date of appointment.
8. Permanent address. H.No 123, Vijay Nagar, Gzb, UP

Village ..... Thana ..... Sub-division ..... Post Office .....

District ..... State.....

Place
Date

Signature/Thumb impression
of the employee

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

Name and address of the establishment or rubber stamp thereof.

Date

Acknowledgement by the employee

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

Signature of the employee

Date

घोषणा पत्र DECLARATION FORM

फार्म-1/F

घोषणा पत्र कर्मचारी द्वारा भरा जाएगा। फार्म के साथ पोस्टकार्ड आकार के दो फोटोग्राफ भी लगाए जाने चाहिए। फार्म भरने 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 phtographs to be attached w 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 अक्षरो में) Name in block letters	AJAY SINGH				
3. पिता/पति का नाम Father's/Husband's Name	RAMESH SINGH				
4. जन्म की तिथि Date of Birth	दिन Day	महीना Month	वर्ष Year	5. वैवाहिक प्रास्थिति Marital Status	विवाहित/ अविवाहित विधवा M/U/W
	7	7	93	6.लिंग/Sex	पु.म./M.F.

7. वर्तमान पता/Present Address	8. स्थायी पता/Permanent Address
H.No-123, Vijay Nagar Ghaziabad, UP	Same
पिन कोड Pin Code 201002	पिन कोड Pin Code
टेलीफोन नम्बर/ई-मेल पता/	टेलीफोन नम्बर/ई-मेल पता/
शाखा कार्यालय Brach Office	औषधालय Dispensary Vijay Nagar

(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	
11. नियोजक का नाम और पता/Name & Address of the Employer			
12. यदि पहले नियोजन में रह हैं तो कृपया निम्नलिखित ब्यौरे दीजिए In case of any previous employment please fill up the details as			
(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.बी. अधिनियम, 1948 की धारा 71/क.रा.बी. (केन्द्रीय) नियम, 1950 के नियम 56(2) के अंतर्गत नामित
(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

नाम/Name	नातेदारी/Relationship	पता/Address
Rita Singh	wife	H.No 123, Vijay Nagar, Gzb

मैं एतद्द्वारा घोषणा करता/करती हूं कि मेरे द्वारा प्रस्तुत किए गए विवरण मेरी जानकारी और विश्वास के अनुसार सही है। मैं अपने परिवार के सदस्यों में हुए परिवर्तन 15 दिन के भीतर प्रस्तुत करने का वचन भी देता हूं/देती हूं।

I hereby decalare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the corporat changes in the membership of my family within 15 days of such change.

Ajay
बीमाकृत व्यक्ति के हस्ताक्षर/अंगू
Signature /T

नियोजक के प्रतिहस्ताक्षर
Counter signature by the employer

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 को 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 आ का स्थान दश If' No' state Pla Residenc	
				हाँ/Yes	नहीं/No	कस्बा/Town	राज्य
1.	Rita Singh	6/12/95	wife	Yes			

क.रा.बी. 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

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

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

अनुदेश

INSTRUCTIONS

1. फार्म-1 का प्रेषण क.रा.बी. (साधारण) विनियम, 1950 के विनियम 11 व 12 के अंतर्गत विनियमित किया जाता है।
Submission of Form-I is governed by regulation 11 & 12 of ESI (General) Regulations, 1950

2. "कुटुम्ब" से किसी बीमाकृत व्यक्ति के निम्नलिखित सभी अथवा कोई नातेदार अभिप्रेत है:-
अर्थात्:- (1) विवाहिती (2) बीमाकृत व्यक्ति पर आश्रित कोई धर्मज या दत्तक अवयस्क आश्रित बालक, (3) कोई बालक जो बीमाकृत व्यक्ति के उपार्जनों पर पूर्णतः आश्रित है तथा जो (क) शिक्षा प्राप्त कर रहा है, उनके 21 वर्ष की आयु प्राप्त कर लेने तक (ख) कोई अविवाहित पुत्री, (4) कोई बालक जो किसी शारीरिक अथवा मानसिक अपसामान्यता या चोट के कारण शिथिलांग है तथा शिथिलांगता रहने तक बीमाकृत व्यक्ति के उपार्जनों पर पूर्णतः आश्रित है, (5) आश्रित माता-पिता, (ब्योरे हेतु क.रा.बी. अधिनियम, 1948 की धारा 2 के खंड 11 को देखें)।

"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 physcial 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.बी. 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 चिकित्सा 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.

केवल शाखा कार्यालय में प्रयोग हेतु
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

क्र.सं. Sl. No.	नाम Name	फार्म भरने की तारीख को 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	
				हां Yes	नहीं No	कस्बा Town	राज्य State
1.	Rita Singh	6/12/95	wife	Yes			