

March 25, 2021

Ref:HDBFS/20-21/HRIC355305/Appt/238460

Ms. Kavya Minajagi,
Bangalore

Dear Kavya,

LETTER OF APPOINTMENT

Further to your application and subsequent discussions for employment, HDB Financial Services Limited ("Company") is pleased to appoint you as SENIOR TELECALLING OFFICER on the terms and conditions as set out below.

Your Total Salary per annum is set out as attached in Annexure A. All remuneration, benefits and perquisites will be taxed in accordance with the provisions of Income Tax Act, 1961 and any other enactments in force from time to time.

Terms and Conditions:

- a) You will be on probation for a period of 6 (six) months from the date of your employment. Subject to satisfactory performance during probation, your employment will be confirmed in writing. The Company shall have the absolute right to terminate your employment during the probation period by giving you 15 (fifteen) days' notice or salary in lieu thereof if your conduct, attendance, progress or performance is found to be unsatisfactory or for any other reason as the Company may in its sole discretion deem fit. If you wish to leave the employment with this Company during your probation period or post confirmation, you will mandatorily have to serve a minimum notice period of 1 (one) month or pay to the Company an amount equivalent to your 1 (one) months' salary in lieu of such notice period. It is clarified that, in the event of a termination of this Agreement by you, the decision whether or not to accept salary in lieu of the notice period will rest solely with the Company and you may be required to serve the applicable notice period instead of paying to the Company an amount equivalent to your salary in lieu thereof.
- b) Your appointment will be subject to the Company receiving satisfactory references and Contact Point verifications. You are required to furnish the name(s) of the references, who have supervised you in a professional capacity at some stage in your academic / professional career as may be required by the Company.
- c) Your duties and responsibilities will be explained to you on your joining the Company.
- d) You are initially assigned to our branch at KALYAN NAGAR 2. The Company reserves the right to change the duties assigned to you, transfer you, temporarily or permanently, to any other department, office / branch, subsidiary or associate of the Company or to any other place of business of the Company that is in existence or may come into existence at a future date. The Company further reserves the right to transfer you from one shift to another, depending upon the exigencies of work.

- e) You shall devote your whole time and attention to your duties with the Company and will not directly or indirectly, for any part of your time carry on any business or occupation or enter in any capacity, the employment of or association in business for profit or otherwise, with any firm, company or person without the prior written consent of the Company.
- f) You shall abide by all the applicable policies, rules, regulations, procedures and practices of the Company, as may be amended, from time to time and comply with all applicable Laws. Any violation of or failure to comply with or abide by the same shall be deemed to constitute an act of misconduct.
- g) You will be responsible for the safe keeping and return in good condition and order, of any properties and / or assets which may be entrusted to you by the Company. The Company shall have the right to deduct the money value of all such properties and / or other assets from your dues and take such other action as it may deem proper in the event of your failure to account for such properties to the Company's satisfaction.
- h) You shall not, during your employment with the Company or at any time thereafter, discuss, divulge, or make public, directly or indirectly, to any individual, firm, company or person of any nature whatsoever, any information, processes, policies, documents, research, development, finances, properties, contracts, methods, trade secrets, transactions, or generally in relation to the business and affairs of the Company (including its subsidiaries and associate companies) or its clients, customers, employees, management, or business associates, which you may acquire during the course of, or which may otherwise come to your knowledge or possession during the course of your employment with the Company.
- i) Upon the termination of this letter of appointment, you will be required to comply with the Company's exit formalities.
- j) If at any time, you are found to be overstaying your sanctioned leave or are absent from work without permission for a period exceeding 5 (five) consecutive days or are found to be habitually absent or are otherwise found guilty of dishonesty, disobedience, fraud, insubordination, riotous and disorderly behaviour, negligence, indiscipline or any other act of misconduct (as determined by the Company in its sole discretion), then the Company will be entitled to terminate your services with immediate effect without giving you a notice or salary in lieu thereof.
- k) Nothing contained herein constitutes a guarantee of employment. Your performance shall continuously be evaluated by the Company. If you are found to be incompetent in the discharge of your duty or do not meet the productivity norms, your services shall be terminated. The Company reserves the sole right to terminate your employment on grounds of performance not being up to expected standards. The final decision of the management in this regards shall be final.
- l) Notwithstanding anything contained in the above paragraphs, your services may be terminated by the organization if you are found to be indulging in acts of commission / omission which may be prejudicial to the interest of the organization, or any act of dishonesty, disobedience, insubordination or any other misconduct or neglect of duty or incompetence in discharge of duty on your part.
- m) In the event of any allegation of misconduct against you, the Company will initiate disciplinary proceedings against you as per its rules in this regard.

- n) You will keep the Company informed of any change in your residential address or in any of the other information pertaining to you as provided to the Company. All communication sent by the Company on the address registered in our records, will be construed as communication served on you.
- o) You will retire from the employment of the Company on your completing 60 (Sixty) years of age. It will be necessary for you to produce proper proof of your age within 7 (seven) days on receipt of this letter as may be required by the Company.
- p) This letter of appointment shall be governed by and construed in accordance with the laws of India. The terms and conditions set out in this letter of appointment constitute service conditions applicable to your employment in the organization and any dispute arising out of this letter of appointment or pertaining to your employment shall be subject to the exclusive jurisdiction of the courts of Mumbai.
- q) You shall comply with the data protection policy of the Company when handling personal data in the course of your employment with the Company including personal data relating to any employee, customer, client or agent of the Company or any of its affiliates and you shall promptly report any breaches or anticipated breaches of the same.
- r) You consent to the Company, its affiliates processing data relating to you for legal, personnel, administrative and management purposes and in particular to the processing of any "sensitive personal data or information" (as defined in the policies of the Company). The Company may make such information available to any of its affiliates, those who provide products or services to the Company or any of its affiliates (such as advisers and payroll administrators), regulatory authorities, potential purchasers of the Company or the business in which you work, and as may be required by law. You also consent to the Company carrying out the above activities and other similar classes of activities prior to, during and after the termination of your employment with the Company, provided that such activities are carried out in a lawful manner and for legitimate purposes.
- s) If at any time during your employment you make, develop, discover or participate in the making or discovery of any "Intellectual Property Rights" (as defined in the policies of the Company) relating to or capable of being used in the business being carried on by the Company or any of its affiliates, such Intellectual Property Rights shall be the absolute property of the Company. At the request of the Company you shall execute all such documents and do all acts, matters and things which may be necessary or desirable for obtaining registration or other protection for the Intellectual Property Rights as may be specified by the Company.
- t) You hereby acknowledge and undertake that you do not have and shall not have at any point of time, any ownership, interest, right or title in the Intellectual Property Rights nor will you claim any ownership, interest, right or title in the Intellectual Property Rights or brand forming part of the business of the Company or any of its affiliates.
- u) Any variation of the above terms and conditions will not be valid until expressly made in writing by the Company.
- v) This letter of appointment (together with all its annexures) shall supersede all prior, oral or written agreements or communications, formal or informal, in relation to your employment with the Company.

As your acceptance to these terms of employment, please sign the duplicate copy of this letter of appointment in the space provided below and return the same to us.

You are requested to join no later than April 9, 2021.

Kindly arrange to bring self-attested copies of the following documents along with their originals for verification on the date of your joining :

- a) Copy of Educational Certificates and Mark sheets (Xth, XIIth, Graduation, Post Graduation)
- b) Proof of date of birth (Copy of driving license, Voter ID, Passport)
- c) Duly signed duplicate copy of Appointment Letter
- d) Copy of Pan Card and Aadhaar Card (Both documents are required for Salary processing)

You will be required to complete the Company's prescribed joining formalities within 3 (three) working days from the date of your joining and submit the same to the Corporate Human Resources Department for necessary processing of your Salary.

Yours Sincerely,
For HDB Financial Services Ltd.




Ashish Ghatnekar
Head - Human Resources & Operations

AGREED AND ACCEPTED

Ms. Kavya Minajagi

Annexure A

 HDB FINANCIAL SERVICES	Compensation Breakup	
Salutation	Ms.	
Name	KAVYA MINAJAGI	
Role	SENIOR TELECALLING OFFICER	
Location	BANGALORE	
Reporting to	SUPERVISOR	
Date of Offer	25-Mar-2021	
Annual Compensation Break up		HDBFS Monthly
Basic	66,000	5,500
HRA	26,400	2,200
Other Allowance	77,040	6,420
Provident Fund (Employer's contribution)	17,160	1,430
Gross Salary (A)	1,86,600	15,550
ESIC (Employer's contribution)----(B)	5,508	
Gratuity----- (C)	3,180	
Total Fixed Compensation (D=A+B+C)	1,95,288	16,274
Note:		
This Offer is subject to positive reference checks & Credit Bureau check. Your consent for candidature of the Company will be considered as consent for accessing your Credit report.		
Employee and Employer's contribution towards ESI will be 0.75% & 3.25% respectively		
You will be entitled to Performance Incentive Plan as per Company Policy		
Gratuity is as per "The Payment of Gratuity Act".		
Insurance as per Company Policy.		
I accept the terms and conditions as mentioned in the Appointment letter.		
<div style="display: flex; justify-content: space-between;"> <div> _____ Kavya Minajagi </div> <div> Ref:HDBFS/20-21/HRIC355305/Appt/238460 </div> </div>		

SPECIMEN

FORM 2 (REVISED)

**NOMINATION & DECLARATION FORM
FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS**

GROUP No. :

Office :

Declaration and Nomination Form under the Employees Provident Funds
and Employees Pension Scheme

(Paragraph 33 & 61 (1) of the Employees Provident Funds Scheme, 1952 and
Para 18 of the Employees Pension Scheme, 1995)

1. NAME (in block letters) : Kavya Minajagi
2. FATHER'S / HUSBAND'S NAME : Ravindr
3. DATE OF BIRTH : 28-Jun-1999
4. SEX : Female
5. MARITAL STATUS : Single
6. ACCOUNT NO : MH / BAN / 49611
7. ADDRESS : Ward No 08, Near,
ganesha temple, Sulebhavi,
Bagalkot - 587124

PART - A (EPF)

I hereby nominate the persons(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 my death.

Name & Address of the Nominee(s)	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulation in PF to be paid in each nominee	If the nominee is minor, name & relationship & add. of the guardian who may receive the amount during minority of nominee
(1)	(2)	(3)	(4)	(5)
Ravindr , Ward No 08, Near, ganesha temple, Sulebhavi, Bagalkot - 587124	Father	01 - Jun - 1969	100	No

1. * Certificate that I have no family as defined in para 2 (g) of the Employees Provident Funds Scheme, 1952 and should I acquire a family thereafter 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.

X _____
SIGNATURE OR THUMB IMPRESSION 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.

Sr. No.	Name & Address of the family member/s	Date of Birth	Relationship with Member
(1)	(2)	(3)	(4)
1	Ravindr , Ward No 08, Near, ganesha temple, Sulebhavi, Bagalkot - 587124	01 - Jun - 1969	Father

**Certified that I have no family, as defined in para 2 (vii) of the Employees Pension Scheme, 1995 and should I acquire a family here after I shall furnish particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly family pension (admissible under para 16 (2) (i) and (ii) in the event of my death without leaving and eligible family member/s for receiving pension.

Name of the Nominee	Address	Date of Birth	Relationship with Member
(1)	(2)	(3)	(4)
Ravindr	Ward No 08, Near, ganesha temple, Sulebhavi, Bagalkot - 587124	01 - Jun - 1969	Father

Date : 26-Mar-2021

X

(*) Strike out whichever is not applicable

SIGNATURE OR THUMB IMPRESSION THE SUBSCRIBER

CERTIFICATE BY EMPLOYER

CERTIFICATE that the above declaration and nomination has been signed / thumb impressed before me.

by Shri / Smt. / Miss. _____ employed in my / our establishment after he / she has read the entire / the entries have been read over to him / her by me and confirmed by him her

For HDB Financial Services Limited



Place : _____

Date :

Authorized Signatory

Signature of the Employer's OR other Authorised Officer's the Establishments

Signature with Designation

HDB Financial Services Ltd

Ground Floor, Zenith House,
Keshavrao Khadye Marg,
Opp.Race Course, Mahalaxmi
Mumbai - 400034.

UNDER THE PAYMENT OF GRATUITY ACT, 1992.
&
THE PAYMENT OF GRATUITY (MAHARASHTRA) RULE, 1972

FORM 'F'
(See Sub-Rule (i) of rule (6))

Nomination

To
M/s HDB Financial Services Limited
Ground Floor, Zenith House,
Keshavrao Khadye Marg,
Opp.Race Course, Mahalaxmi
Mumbai - 400034.

1. Shri / Shrimati / Kumari KAVYA MINAJAGI 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 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 provision to clause(s) of section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

NOMINEE (S)

Sr. No.	Name If Full address of the nominee(s) - (1)	Relationship with the Employee (2)	Age of the Nominee (3)	Proportion by which the gratuity will be shared (4)
1	Ravindr ,Ward No 08, Near, ganesha temple, Sulebhavi, Bagalkot - 587124	Father	01 - Jun - 1969	100
2				
3				
4				
5				
6				

Statement

1	Religion	Hinduism	
2	Sex.	Female	
3	Name of employee in full.	Kavya Minajagi	
4	Whether married/unmarried/widow	Single	
5	Department/Branch/Section where employed	Kalyan Nagar 2	
6	Post held with Ticket or Serial Number if any.	SENIOR TELECALLING OFFICER	
7	Date of appointment.	25-Mar-2021	
8	Permanent address.	Ward No 08, Near, ganesha temple, Sulebhavi, Bagalkot - 587124	
	Village	Thana	Sub-division
	Post Office	District	State

Place : Kalyan Nagar 2
Date : 26-Mar-2021

X _____
Signature/Thumb impression of the employee

Declaration by witnesses

I declare that the Nomination has been signed/thumb impressed before me.

Name in full Signature of Witnesses.

Address of witnesses

1. _____

1. _____

2. _____

2. _____

Place : Kalyan Nagar 2

Place : Kalyan Nagar 2

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's References No., If any.

Designation

For HDB Financial Services Limited



Authorized Signatory

HDB Financial Services Ltd

Ground Floor, Zenith House,
Keshavrao Khadye Marg
Opp.Race Course, Mahalaxmi
Mumbai - 400034.

Signature/Thumb impression of the Authorized Signatory

Acknowledgement by the employee

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

X

Date _____

Signature of the employee

Note : Strike out the words and paragraphs not applicable.



Composite Declaration Form Form -11

(To be retained by the Employer for future reference)

238460

EMPLOYEES' PROVIDENT FUND ORGANIZATION

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &

Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in an establishment on which EPFS 1952 and/or EPS 1995 is applicable)

1	Name of the Member	Kavya Minajagi						
2	Fathers' Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/>	Ravindr						
3	Date of Birth (DD/MM/YYYY)	28/06/1999						
4	Gender: (Male/Female/Transgender)	Female						
5	Marital Status(Married/Unmarried/Widow/Widower/Divorcee)	Unmarried						
6	(a) Email Id: (b) Mobile No.:	kavyaminajagi@gmail.com 8073093779						
7	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)	25/03/2021						
8	KYC Details (attach self attested copies of following KYCs) a) Bank Account No.: b) IFS Code of the branch: c) AADHAAR Number: d) Permanent Account No. (PAN), if available	Nil Nil 816498400060 GKRPM3747R						
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952 ?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
10	Whether earlier a member of Employees' Pension Scheme, 1995 ?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
11	Previous employment details [if Yes to 9 &/or 10 above] - Un-exempted							
	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
12	Previous employment details [if Yes to 9 &/or 10 above] - For Exempted Trusts							
	Establishment Name & Address	Universal Account Number	Member EPS A/C Number	Date of joining (DD/MM/YYYY)	Date of exit (DD/MM/YYYY)	Scheme Certificate No. (if issued)	Non Contributory Period (NCP) Days	
13	a) International Worker:		Yes <input type="checkbox"/> No <input checked="" 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)]		From <input type="text"/> To <input type="text"/>					

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhaar 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 PF Account as I am an Aadhaar 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: 26-Mar-2021
Place: BANGALORE

Signature of the Member

DECLARATION BY PRESENT EMPLOYER

A. The member Mr./Ms./Mrs. _____ has joined on _____
and has been allotted PF Number _____ 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 Aadhaar 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 Aadhaar verified employees only. Other employees to fill physical claim (Form-13) for transfer of account from previous establishment.



घोषणा पत्र DECLARATION FORM

Offer Ref # 238460

फार्म-1/Form-1

घोषणा पत्र कर्मचारी द्वारा भरा जाएगा। फार्म के साथ पोस्टकार्ड आकार के दो फोटोग्राफ भी लगाए जाने चाहिए। फार्म भरने से पहले 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 photographs to be attached with the 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 अक्षरों में) Name in block letters	Kavya Minajagi				
3. पिता/पति का नाम Father's/Husband's Name	Ravindr				
4. जन्म की तिथि Date of Birth	दिन Day	महीना Month	वर्ष Year	5. वैवाहिक प्रास्थिति Marital Status	विवाहित/ अविवाहित विवा M/U/W
	28	06	99	6.लिंग/Sex	पु.म./M.F.
7. वर्तमान पता/Present Address Royals Ladies PG Chelikere, Kalayan Nagar Bangalore, Karnataka पिन कोड Pin Code	8. स्थायी पता/Permanent Address Ward No 08, Near ganesha temple, Sulebhavi Bagalkot, Karnataka पिन कोड Pin Code				
5 6 0 0 4 3	5 8 7 1 2 4				
टेलीफोन नम्बर/ई-मेल पता/kavyaminajagi@gmail.com	टेलीफोन नम्बर/ई-मेल पता/ 8073093779				
शाखा कार्यालय Branch Office	औषधालय Dispensary KR Puram				

(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	वर्ष Year
	25	03	2021
11. नियोजक का नाम और पता/Name & Address of the Employer			
12. यदि पहले नियोजन में रहे हैं तो कृपया निम्नलिखित ब्यौरे दीजिए In case of any previous employment please fill up the details as under.			
(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 के ब्यौरे।
(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.

नाम/Name	नातेदारी/Relationship	पता/Address
Ravindr	Father	Ward No 08, Near, ganesha temple, Sulebhavi, Bagalkot-587124

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

I hereby decalare 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.

नियोजक के प्रतिहस्ताक्षर

Counter signature by the employer

बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठा निशान
Signature /T.I. of IP.

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 आवास का स्थान दर्शाएं If No' state Place of Residence
				हाँ/Yes	नहीं/No
1	Ravindr	01-06-1969	Father	No	No
2	Janaki	01-01-1978	Mother	No	No

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	Kavya Minajagi
बीमा संख्या/Ins. No.	नियुक्ति की तारीख/Date of appointment 25-03-2021
शाखा कार्यालय Branch Office	औषधालय Dispensary KR Puram
नियोजक की कूट संख्या व पता Employer's Code No. & Address	

फोटो के लिए स्थान
(Space for photograph)

वैधता

Validity

तारीख

Dated

बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठा का निशान
Signature/T.I. of I.P.सील सहित शाखा प्रबंधक के हस्ताक्षर
Signature of B.M. with seal

अनुदेश
INSTRUCTIONS

Offer Ref # 238460

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 उपार्जनो 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 उपार्जनो 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	
				हाँ/Yes	नहीं/No	कस्बा/Town	राज्य/State
1	Ravindr	01-06-1969	Father	No	No	Bagalkot	Karnataka
2	Janaki	01-01-1978	Mother	No	No	Bagalkot	Karnataka