

Dear Jindalite,

As a part of Induction formalities please complete these forms and submit it to the HR Department.

Total Nos. of Page for Joining Induction: 17

- 1) Joining Report – 1 Page
- 2) Declaration – 1 Page
- 3) Personal Information form for New Joinee (SAP Form) – 4 Pages
- 4) Mediclaim Nomination Form – 2 Pages
- 5) Group Accident Insurance Policy & Nomination Form – 1 Pages
- 6) Provident Fund Nomination Form (Form – 2) – 1 Page
- 7) Provident Fund (Pension Scheme Form – (Form – 11)) – 2 Pages
- 8) Gratuity Nomination Form F – 2 Pages
- 9) Requisition for User Email Registration Form – 1 Page
- 10) Oath of Jindalites /Undertaking / Code of Conduct – 1 Page

You are requested to submit the following documents at the time of your joining.

- 1) Age proof certificate
- 2) Copy of Academic / Professional qualifications
- 3) Relieving certificate from the previous employer (Original Copy)
- 4) Experience certificate from the previous employer
- 5) Copy of PAN card – 2 nos.
- 6) Address proof : Voter ID Card / Ration Card / Driving License / Passport
- 7) Identity proof : Voter ID Card / Ration Card / Driving License / Passport
- 8) Passport size photographs
 - a) 5 – Self
 - b) 2 – Each of Family Member nominated to be covered under Mediclaim for Mediclaim photo card (Spouse, Maximum 2 nos. of Dependent Children and Dependent Parent)

In case of any clarifications in filling the form you are requested to get in touch

Note: Please use only Block Letters.

JINDAL ORGANISATION

JOINING REPORT

Date _____

Employee's Recent
Color Passport
Photograph to
paste

Dear Sir / Madam,

With reference to letter of intentdated.....

I.....have reported for work on.....

as.....in.....

Looking forward to a mutually beneficial association.

Thanks and Regards

Name:

Signature:

To,
Executive Director – Projects,

Date:

DECLARATION

Dear Sir,

I note that as per Company Policy, following are to be ensured while I am in the employment of the Company and after cessation of my employment with the Company.

1. I shall not divulge or utilize any confidential information belonging to the Company or any of its associate companies (including confidential information as to the formulae, processes, manufacturing methods and equipment design and confidential information as to the business and affairs of the company) which may have come to my knowledge during my employment with the company or any of its associate companies, and that I shall, after my employment take all reasonable precautions to keep all such information secret.
2. I shall not, without the consent of the Company, retain or make originals or copies of telegram, letters, maps, reports, drawings, calculations, specifications, formulae, forms, licenses, agreements or other documents of whatever nature belonging to the Company or any of its associates companies or notes thereof, nor retain samples of specimens in which the company or any of its associate companies may be or may have been interested in and which have come into my possession by reason of my employment. If on cessation of my employment, I am in possession of any originals or copies of telegrams, letters, maps, reports, drawings, calculations, specifications, formulae, forms, licenses, agreements or other documents of whatever nature belonging to the Company or any of its associates companies or notes thereof, or any samples of specimens as aforesaid, I shall deliver the same to the company without being asked.
3. All Authorizations / Power of Attorney, whether joint or several, issued by the Company in my favour shall stand revoked effective from the date of my leaving, I shall therefore, immediately arrange to return such documents / authorizations, both originals and copies to my immediate manger.
4. I also agree that any violence of confidence on my part, as hereinabove expressed, shall render me liable to summary dismissal and such further or other actions as may be determined by the company in accordance with staff policies or law.

Yours faithfully,

Signature: Name:

Designation:Department:

Company:

PERSONAL INFORMATION FORM (FOR NEW JOINEE)
(Please Fill in Block Letters)

GENERAL INFORMATION					
Place of Posting		Designation		Date of Joining	
Unit	JSPL/JPL	Posted in which Deptt.		Grade	

EMPLOYEE INFORMATION					
Title		Gender		Religion / Caste / Subcaste	_____/_____/_____
	Mr./Mrs./Ms./Dr.		Male / Female		
First Name		Mother Tongue		Category	SC/ST/OBC/GEN
Middle Name		Birth Date		Nationality	
			DD/MM/YYYY		
Last Name		Birth Place		Other Nationality	
Martial Status		State		Blood Group	
Date of Marriage		Country of Birth		Family Planning	Yes/No
	DD/MM/YYYY				
No. of Children		Personal E-mail ID		Mobile No.	

PERSONAL ID DETAILS						
Type of ID	ID Number	Date of Issue	Place of Issue	Issuing Authority	Country of issue	Valid upto
Passport No						
Voter Id						
PAN Card						
Driving License						

ADDRESS INFORMATION										
Type of Address	C/o	House No	1st Line Address	2nd Line Address	City	Postal Code	District	State	Country	Telephone
Permanent Address										
Present Address										
Sister's Address										
Brother's Address										
In-Law Address										
Name of Police Station (Applicable for Permanent Address)										

OTHER ADDRESS INFORMATION										
Type of Address	C/o	House No	1st Line Address	2nd Line Address	City	Postal Code	District	State	Country	Telephone
Emergency Address										
Mailing Address										

ACADEMIC QUALIFICATION DETAILS										
Type of Education	From DD/MM/YYYY	To DD/MM/YYYY	Qualification	Specialization / Discipline	Institute / Board / University	Country	Full time / Part time / Correspondence	Final % of Marks	CGPA	Division
Masters/ PG										
Graduation										
Diploma										
12th										
10th										

PROFESSIONAL QUALIFICATION DETAILS										
Type of Education	From DD/MM/YYYY	To DD/MM/YYYY	Qualification	Specialization /Discipline	Institute / Board / University	Country	Full time / Part time / Correspondence	Final % of Marks	CGPA	Division
1										
2										

PAST EMPLOYMENT DETAILS								OVERALL TOTAL EXPERIENCE			
S No.	From DD/MM/YYYY	To DD/MM/YYYY	Employer	Designation	Department	Industry	City	Country	Key Skill	Gross Salary p.a.	Reasons for leaving
1											
2											
3											
4											
5											

Family Details											
Member	First Name	Middle Name	Last Name	Gender M / F	Date of Birth DD/MM/YYYY	Birth Place	Country of Birth	Nationality	Occupation	Applicability for Mediclaime	
Mother				F							
Father				M							
Spouse											
Child 1											
Child 2											
Child 3											
Child 4											

Language Known:

1. Communication Language _____ Read Write Speak
 1. Communication Language _____ Read Write Speak
 1. Communication Language _____ Read Write Speak

REFERENCES (Professional)							
Ref.	Name of the person	Address	Dist.	City	State	PIN	Cont. No.
1							
2							

REFERRED BY							
<input type="checkbox"/> Consultant		<input type="checkbox"/> Job Portal		<input type="checkbox"/> Person		"In case of consultant/ person, mention Name & Contact details"	
Contact Details	Name	Address	Dist.	City	State	PIN	Cont. No.
Address							
If others, Specify Details							
<input type="checkbox"/> Advertisement		<input type="checkbox"/> None		<input type="checkbox"/> Others		<input type="text"/>	

OTHER DETAILS							
Shirt Size	XXL/XL/L/M/S	Physically Challenged	Yes/No	Weight in kg		Height in cms	
Waist/Pant Size		If Yes, then: Type of Disablement					
Shoe Size		Degree of Disablement					
Select the option							
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Non Vegetarian	Bank : SBI (Core Banking only) YES / NO					
<input type="checkbox"/> Smoker	<input type="checkbox"/> Non Smoker	Branch : _____					
<input type="checkbox"/> Alcoholic	<input type="checkbox"/> Non Alcoholic	A/C No. : _____					
Have you ever been convicted by any Court of Law?		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If Yes, When. _____							
Reason: _____							
I certify that the information provided in this document along with the certificates/testimonials are true and accurate to the best of my knowledge. I understand that any misrepresentation of information may lead to termination of services.							
Applicants Name:		Signature:			Date:		

Group Mediclaim insurance Policy Proposal

Employee's / Member's Personal Statement Form

(To be completed by each employee/ member in respect of himself/ herself and his/ her eligible family members proposed to be covered)

Details of Employees/ Members including family members proposed for insurance.

Sl. No.	Name of Employee/ Member and eligible family members	Date of Birth	Sex	Occupation	Relationship to the employee/ member	Monthly Income	Details of any knowledge of any positive existence or presence of any ailment. Sickness or injury which may require medical attention in immediate future and/or details of any ailment sickness or injury which has been treated during the preceding 12 months
A.							
B.							
C.							
D.							

7. Are you suffering/ suffered from Diabetes/ Hypertension/ Chest Pain or Coronary Insufficiency or Myocardial Infarction? If, so, complete the annexed Questionnaires:

8. Residential address of the Employees / Member.

9. (a) Name & Address of family doctor, including telephone number, if any

.....
Pin Code:.....

Tel. No.....

(b) Doctor's Registration No.....State/U.Territory.....

All the statement made above & the answers given on my behalf and on behalf of the family members are wholly true and correct to the best of my knowledge and behalf. I have disclosed all particular materials to the risk. It is hereby understood and agreed that the statement, answers and particulars are basis on which the insurance is being granted. If, after the insurance is affected, it is found that the statements, answers or particulars are incorrect or untrue in any respect, the Company shall have no liability under this Insurance in respect of myself and my family members proposed for insurance.

Place : _____(Signature of Employee/ Member for himself/ herself or on behalf of other family members to be covered)

Dated: _____

Declaration for Mediclaim

(Only Self, Spouse, maximum 2 nos. depended children and dependent parent)

Employee

Name:
(In Block letters)

Department:

Date of Joining:

Organization:

Gender: Male / Female Date of Birth: / /
(Date) (Month) (Year)

Paste Recent
 Passport Size
 Photograph

Dependent 3 (Child # 2)

Addition Date:

Name:
(In Block letters)

Relationship:

Gender: Male / Female Date of Birth: / /
(Date) (Month) (Year)

Occupation:

Monthly Income (INR):

Paste Recent
 Passport Size
 Photograph

Dependent 1 (Spouse)

Addition Date:

Name:
(In Block letters)

Relationship:

Gender: Male / Female Date of Birth: / /
(Date) (Month) (Year)

Occupation:

Monthly Income (INR):

Paste Recent
 Passport Size
 Photograph

Dependent 4 (Dependent Parent # 1)

Addition Date:

Name:
(In Block letters)

Relationship:

Gender: Male / Female Date of Birth: / /
(Date) (Month) (Year)

Occupation:

Monthly Income (INR):

Paste Recent
 Passport Size
 Photograph

Dependent 2 (Child # 1)

Addition Date:

Name:
(In Block letters)

Relationship:

Gender: Male / Female Date of Birth: / /
(Date) (Month) (Year)

Occupation:

Monthly Income (INR):

Paste Recent
 Passport Size
 Photograph

Dependent 5 (Dependent Parent # 2)

Addition Date:

Name:
(In Block letters)

Relationship:

Gender: Male / Female Date of Birth: / /
(Date) (Month) (Year)

Occupation:

Monthly Income (INR):

Paste Recent
 Passport Size
 Photograph



GROUP PERSONAL ACCIDENT INSURANCE POLICY (GPAI)
NOMINATION

I declare the following as my nominee of Group Personal Accident Insurance

Policy Name of Nominee

Relationship with Nominee

Date

Signature

Name

Basic

Date of Birth

NOMINATION FORM

I,wish to make a nomination and do hereby nominate the following person (name), my (Relationship) and resident of (Address) in whom all rights of the amount that may arise as dues to me from the company shall vest in the event of my death. Name of Guardian (if nominee is a minor)

Date

Signature

Place

Name

Designation

WITNESS - 1

WITNESS - 2

Signature

Signature

Name

Name

Address.....

Address.....

.....

.....

.....

.....

FORM 2 (REVISED)

**NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/
EXEMPTED ESTABLISHMENTS
DECLARATION AND NOMINATION FORM UNDER THE EMPLOYEES'
PROVIDENT FUNDS AND EMPLOYEES' PENSION SCHEME**

Paragraph 33 & 61 (1) of the Employees Provident Fund 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. :
7. Address : Permanent :
- Temporary :
8. Date of Joining :

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	Address	Nominees relationship with the member	Date of Birth	Total amount Or share of accumulation in provident Fund to be paid to each nominee	If the nominee is minor names & relationship & address of the guardian who may receive the amount during the minority of nominees
1	2	3	4	5	6

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 demand as cancelled.
2. *Certified that my father/ mother is/ are dependent upon me

(Signature or thumb impression of the subscriber)

"Strike out whichever is not applicable"

PART – 8 (EPS) (PARA 18)

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

Sl. No.	Name & Address of the Family member	Date of Birth	Relationship with member
1	2	3	4
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 persons 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 & Address of the nominee	Date of Birth	Relationship with the member
1	2	3

Date: _____

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/Ms./Smt.....employed in my establishment after he/she has read the entries has 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

Date: _____

Designation, Name & Address of the Factor/
Establishment or Rubber Stamp thereof

(FOR UNEXEMPTED ESTABLISHMENTS ONLY)

FORM 11 (REVISED)

THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952
(Paragraph 34) And THE EMPLOYEES' FAMILY
PENSION SCHEME, 1971

(Paragraph 19)

Declaration by a person taking up employment in an establishment in which the Employees' Provident Fund and Family Pension Scheme are in force

ISon/ Wife/ Daughter of Smt/ Shri.....
..... do hereby solemnly declare that:

(a) I was last employed in M/sand left
service on(prior to that I was employed) M/s
....fromto

(b) I was a member of
Provident Fund of the family Pension Fund fromtoand
my account number (s) was/ were

(c) I have/ have not withdrawn the amount of my Provident Fund/ Family Pension Scheme

(d) I have/ have not drawn any superannuation benefit in respect of my past service from an employer

(e) I have never been a member of any Provident Fund and / or Family Pension Scheme.

Date:

(Signature or Right / Left hand thumb impression of the employees)

(To be filled by the employer only when the person employed had not already been a member of the Employees' Provident Fund)

Shri./Smt./Kum.
is appointed as
inwith
effect from

From	To	No. of days Worked

60 days within a period of three months or less in that Factory or other estate, or in any other Factory or estate to which the act applies under the same employer, or partly in one and partly in the other has been declared permanent in any such factory or other estate whichever is the earliest.

Date of admission as member of Employees

Date _____

Provident Fund.....

Account No.....

Signature of the employer or Manager

Or the Authorized officer

Form F

Gratuity Nomination Form

To (Give name or description of the organization with full address)

1. I, Shri./Shrimati/ Kumari..... (name in full) whose particulars are given 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 said amount of gratuity shall be paid in proportion indicated against the name (s) of the nominee (s).
2. I hereby certified 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 husbands' father/ mother/ parents is/ are not dependent on me.
5. I have excluded my husband from my family by a notice dated.....to the controlling authority in terms of the provision to Clause (h) of Section 2 of the said act.
6. Nomination made herein invalidates my previous nomination.

NOMINEES

Name in full with full address of Nominee	Relationship with the Nominee	Age of the Nominee	Proportion, gratuity will be shared

STATEMENT

- 1. Name (employee) in full.....
- 2. Sex: 3. Religion:4. Unmarried/ Married/ Widow/ Widower
- 5. Department/ Branch/ Section where employed
- 6. Post held with ticket or, serial no. if.....
- 7. Date of appointment
- 8. Permanent Address:

Place:

Date:

Signature/ thumb impression of the employee

DECLARATION BY WITNESS

Nomination/ Signed/ Thumb-impressed before me.

Names in full and full address of witness

Signature of the witness

1.

.....

2.

.....

CERTIFICATION BY THE EMPLOYER

Certified that the particulars of the above nomination have been verified and recorded in the establishment Employer's reference no. if any.....

Signature of the employer/ officer authorized

Date:

Designation:

Name & address of the establishment/ rubber stamp thereof

.....

ACKNOWLEDGEMENT BY THE EMPLOYEE

Received the duplicate copy of the nomination in Form_F filled by me and duly certified by the employer.

Date:

Signature of the employee

JSPL JPL Location

Appendix	ITD-1-01-S
Sheet	1 of 1
Revision	1

User Email/ Access Requisition Form

(USE ALL LETTERS IN CAPITAL)

Request Date:/...../.....

Date of Birth:/...../.....

Date of Joining:/...../.....

Anniversary Date:/...../.....

Name of the Employee:

Employee No.: Intercom No.:

Department: Mobile No.:

Designation: System Tag:

Preferred Email ID:

USER UNDERTAKING

I hereby take the custody of EMAIL ID provided to me and promise to protect the same from any misuse. I understand that I am liable for any disciplinary action in case I am found guilty of abuse of company's resources or of creating a threat to the company information security. I will not share my password with anybody. I have read the relevant clauses of the IT Policy and the related guidelines and procedures, and agree to abide by them.

User's Name:

Date & Sign:

HOD (Functional): Date & Sign:

HOD (IT): Date & Sign:

For Administration Use Only-Please tick relevant-
Created On:/...../.....

Email Domain DMS
Communicated On:/...../.....

CHECK LIST: Data Centre Operator's Desk DMS/BPM

Oath of Jindalites

I solemnly affirm and take Oath in the name of God, my Country and my Organization that:

- I shall continuously my best to bring pride to India and the National flag, and demonstrate best of behaviors to the society and the citizens, upholding their dignity.
- I shall work for my Organization, JSPL with deep sense of loyalty, ownership and commitment and shall always take pride in the Organization and protect its honors.

Undertaking

“While discharging my duties as an employee of the company I will take all decisions as if I own the company. If anything comes to my knowledge which can harm the interests of the company I will immediately inform to my higher authorities including EVC & MD/ Chairman and falling to do so would mean my involvement in the same”.

Group Code of Business Conduct

PLEDGE

I acknowledge that I received a copy of the Group Code of Business Conduct dated _____, that I have read the Code and that I understand it. I will comply with the Code.

If I learn that there has been a violation of the Code, I will contact my Superior or the Business Head or the Unit Ethics Co-ordinator or the Ethics Counselor. I acknowledge that the Code is not a contract, that nothing in the Code is intended to change the Terms of Appointment as such.

Signature : _____
Date : _____
Employee Code : _____
Name : _____
Designation : _____
Department : _____
Unit/Location : _____

A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

UAN

--	--	--	--	--	--	--	--	--	--	--	--

OR
PREVIOUS PF MEMBER ID

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER

11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER: _____
 (B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER: _____

B. OTHER DETAILS

13) INTERNATIONAL WORKER (PLEASE TICK)

YES	NO

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):

13(A) COUNTRY OF ORIGIN (Please Tick)

INDIA	OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)

13(B) PASSPORT NUMBER _____

13(C) PASSPORT VALID FROM

D	D	M	M	Y	Y	Y	Y

To

D	D	M	M	Y	Y	Y	Y

14) EDUCATIONAL QUALIFICATION (PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/ PROFESSIONAL

15) MARITAL STATUS (PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE

16) SPECIALLY ABLED (PLEASE TICK)

YES	NO

IF YES, TICK THE CATEGORY		
LOCOMOTIVE	VISUAL	HEARING

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*			IFSC CODE*
NPR/AADHAAR			
PERMANENT ACCOUNT NUMBER (PAN)			
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
RATION CARD			
ESIC CARD			
<p>* Mandatory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCs TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.</p>			

C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,**
- (I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.**
- (II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS 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 USING HIS DIGITAL SIGNATURE CERTIFICATE).**
- (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.**

DATE:
PLACE:

SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER Mr./Ms./Mrs. HAS JOINED ON AND HAS BEEN ALLOTTED PF MEMBER ID
- 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 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 MEMBER ID 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.
 - 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