



Vishnu Prabu N

Emp Code : HA012412

Branch : Virudhunagar

Emergency ☎ : 8582841744

Authorised Signatory

Date: 04/06/2023

Appointment Letter

To,

Ms. G. Selva Lakshmi,

Dear Ms. G. Selva Lakshmi

We are pleased to appoint you as "**Graduate Trainee**" in our Company with effect from 04/06/2023 on the following terms and conditions:

1. You will be on probation for the period of Twelve MONTHS, on completion of the probationary period you will be confirmed based on your performance. During the period of probation, if your performance and behavior are not as expected by the management, you will be relieved without any notice period terms.
2. You will be eligible for the DIRECT benefits as shown in the enclosed COMPENSATION PACKAGE -Annexure 1(a).
3. The Company reserves its right to alter the governing rules of the COMPENSATION PACKAGE depending upon the Organisational Exigencies.
4. You will be eligible for such other STATUTORY BENEFITS as may be applicable.
5. You will be functionally and administratively reporting to the AUTHORISED OFFICIAL of the Company from time to time as decided by the Management.
6. Though your initial place of posting will be at **MADURAI** you are liable to be transferred anywhere in INDIA at the sole discretion of the MANAGEMENT depending upon the Organisational Exigencies. Your services may also be deputed to such other Group / Sister Companies as the MANAGEMENT deems fit.
7. To facilitate the Company operations, if the MANAGEMENT decides to send you abroad for specialized training programmes, you will be called upon to execute a bond to serve the Company for some earmarked period of service thereafter. The Company reserves its right to assign the right to insist on an employment as per the terms of the Bond to such Group Companies to whose rolls you may be transferred / absorbed to serve.

ANNEXURE 1 (b)

STAFF COMPENSATION SHEET

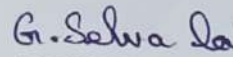
Compensation Structure:

Components	Monthly Value in Rs.
Basic + DA	Rs.6112/-
House Rent Allowance	Rs.2445/-
Uniform Allowance	Rs.1100/-
Medical	Rs.529/-
Total Gross Salary	Rs.10186/-
Provident Fund	Rs.733/-
ESI	Rs.331/-
Total Cost to the Company (Per Month)	Rs.11,250/-
Net Pay	Rs.9377/-

For Aurolab


SWETHA.V
Manager-HR

I agree to the terms and conditions mentioned above and accept the appointment.


SIGNATURE



TeamLeaseTM
Putting India to Work



Name : Arun Balaji M

Emp.Code : 3019580

Deputed to : HDB Financial
Services Ltd

(Teamlease
Authorised Signature)

Residential Address:

**33 MANI NAGARAM 3 RD STREET
ARUPPUKOTTAI VIRUDHUNAGAR
626101 Pin-626101-626101**

Mobile No : 9345610486

TeamLease Services Ltd

**315 Work Avenue Campus, Ascent
Building, #77, Koramangala Industrial
Layout, Jyothi Nivas College Road,
Koramangala, Bangalore - 560095.**

**Please direct any associate-related
queries only to info@teamlease.com
or call on 60000655 by prefixing the
STD code of the nearest TeamLease
office location.**

Validity:

**Till the last day of project closure or till
the date of separation whichever is earlier.**

Date: 14 Jun 2023

Ms Arun Balaji M
33 MANI NAGARAM 3 RD STREET ARUPPUKOTTAI VIRUDHUNAGAR
626101
Pin-626101 626101

Employee No: 3019580
Dear Ms Arun Balaji M

Fixed Term Contract

We are pleased to appoint you in our organization as subject to the following terms and conditions:

1. On joining, your Employee Code would be 3019580.
2. You are hereby appointed as Sales Officer for Two Year commencing from 14 Jun 2023 to 13 Jun 2025 or from the actual date of Joining whichever is later, during which you will render services to our Client at their premises subject to the terms and conditions of this engagement letter and in accordance to the instructions received by you from us or any other authorized person and will be bound by our rules and regulations.
3. You hereby agree to be liable for the following terms and conditions:
 - i. Fully perform the services, in a professional manner, at the Client's location until the completion of the term of the work assignment.
 - ii. During the term of the work assignment, render services exclusively to the Client and such performance shall not be inconsistent with any obligation you may have to other third parties.
 - iii. Not engage in any conduct which is detrimental to the interest of the Client or TeamLease.
 - iv. Not receive any payments of any nature directly or indirectly from the Client unless agreed to by TeamLease.
 - v. Neither directly nor indirectly offers you for employment with the Client or its affiliates during the period of the work assignment without prior permission of TeamLease.
 - vi. Extend all cooperation to the Client's employees, consultants, representatives, etc, and do all such things as may be necessary and comply with all terms of the Appointment letter so as to effectively undertake the work.
 - vii. Report and be present at the designated location during the working hours mentioned herein and abide by the rules and regulations as required by the Client.
 - viii. Comply with the safety, health and other rules and regulations of TeamLease and the TeamLease Client that you have been made aware of.
 - ix. During the course of your contract, you can be transferred to a location within the territory of India as and when required by TeamLease for executing the services provided herein.
4. The nature of your relationship with TeamLease will be that of a Contract of Service for a fixed period of Two Years. By executing this letter of engagement neither do we offer you employment with TeamLease nor do you become an employee of TeamLease. Upon expiry or termination of the Work Assignment, your employment with TeamLease shall stand terminated forthwith.
5. Except for expiry of a Work Assignment due to completion/expiry of the same or in respect of a Work Assignment of one week or a lesser period of time, either party may terminate this Work Assignment Letter by issuing 15 days notice in writing or payment thereof.
6. You will be entitled to Twenty One days General Leave in a financial year at a time to be determined by the Company.
7. If at any time, you are found overstaying sanctioned leave or absence from work without permission for a period exceeding five consecutive days or habitual absence or similar misconduct considered by TeamLease or its Client to be gross indiscipline, you will be considered to have abandoned your services with TeamLease. This will be treated as voluntary termination of services from your end and incentives withheld. TeamLease will not be liable to pay one month's salary in lieu of notice thereof in such cases.
8. This contract may be terminated by either party giving to the other not less than one month's prior written notice.

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TeamLease shall be entitled, whether such notice of termination is given by you or TeamLease, to require you to proceed on leave at the time of receiving or giving such notice of termination or at any time thereafter. TeamLease shall also be entitled to terminate your services forthwith by paying one month's salary in lieu of notice.

9. Termination of this letter of engagement shall not affect the obligations of the parties that have been incurred prior to such termination and TeamLease shall promptly settle all your dues after making the applicable deductions.
10. You agree to defend, indemnify and hold TeamLease or the Client harmless from any and all claims, damages, liability, attorneys fees and expenses on account of your failure to satisfy any of your obligations under this work assignment letter or for misconduct or for violation of any law or creation of any legal liability by you.
11. Any dispute between you and TeamLease shall be referred to a sole arbitrator appointed by TeamLease. The arbitration shall be conducted in English language, in accordance with the Arbitration and Conciliation Act 1996, at Bangalore, Karnataka, India. This Engagement Letter shall be governed by the laws of India.
12. Details of your salary breakup will be as per the Annexure attached herein. You hereby authorize TeamLease to make all salary payments required to be made to you by TeamLease including all reimbursements either by way of Cheque or by directly crediting the amounts to your bank account.
13. You will be entitled to an employer's contribution of Provident fund to the extent of 12% of your basic salary and ESI contribution, if applicable. You will also be covered under Medical and Accident Insurance and will be entitled to all other statutory benefits whichever is applicable during the contract period. It is hereby clarified that if you fail to submit complete ESIC, PF, Gratuity nomination forms together with any other document as required under the applicable labour legislations, TeamLease shall not incur any liability with regards to any Claims under the said applicable labour legislations.
14. In addition to the terms contained herein, your relationship with TeamLease may be subject to such other additional terms and conditions as may be communicated to you from time to time in writing by TeamLease and you hereby agree to have read and clearly understood the terms of employment provided in the Service Rules, which is attached herein.
15. The nature of your relationship with TeamLease will be that of contract of service from 14 Jun 2023 to 13 Jun 2025 . Upon expiry or termination of the work Assignment, your employment with TeamLease shall stand terminated forthwith.

We at TeamLease would like to create an environment and culture committed to co-operation, quality and responsiveness that permeates every activity. As a new entrant we would like you to add value to this process. Please return the copy of the enclosed Letter duly signed in token of you having read , agreed , fully understood and accepted the terms and conditions of appointment. In case we do not receive your acknowledgement copy within a period of 15 days from the date of joining, your assignment at TeamLease with the acceptance of your first salary from TeamLease will be conclusive proof of your acceptance in accordance of terms and conditions.

ENDORSEMENT

I hereby confirm acceptance of the above assignment, on the terms and conditions stipulated therein.

For TEAMLEASE SERVICES LIMITED

Accepted and Agreed



(Authorized Signatory)

Signature and date:
Name: ARUN BALAJI M

Salary Annexure

Employee No: 3019580

Particulars	Amount
Basic	5500
House Rent Allowance	2200
Employer PF Contribution	1012
ESIC - Employer	346
Works Allowance	2935
TotalAmount	11993
Amount In Words(Rs)	Eleven Thousand Nine Hundred Ninety Three Rupees

Net Pay Annexure

EARNINGS	Amount
Basic	5500
House Rent Allowance	2200
Works Allowance	2935
Gross Earnings	10635
DEDUCTIONS *	Amount
Employee ESI	80
Employee PF	1012
Total Deduction	1092
Net Salary	9543

* Income-tax deductions, if applicable, will be as per the Income-Tax Act, 1961

** Annual components (like LTA, Medical Reimbursement) would be payable on claims and will be considered for exemption under Income Tax subject to receipt of valid bills for the Financial Year if applicable

Note : This statement is only for the purpose of information and is illustrative in nature

Dated: 14 Jun 2023

The Branch Manager
HDFC BANK LTD

Subject: Introduction Letter for Salary Account

Dear Sir,

We hereby confirm that below mentioned employee are bonafide employees of TeamLease Services Ltd, Bangalore and we would like to confirm the below details are as per our records.

SL No.	Emp. Code	Emp. Name	Location
1	3019580	Arun Balaji M	Aruppukottai East

This letter is given to the above employee towards zero balance salary account activation purpose.

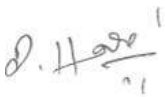
This letter is given subsequent out banking arrangements with HDFC Bank, Bangalore.

Company Name: TeamLease Services Ltd
Company Code: T0559

Request you to please do the needful .If any clarifications please write to sudhir.kumarhn@hdfcbank.com

Yours sincerely,

For TeamLease Services Ltd



Authorised Signatory,

Name: Hari Krishna P L

Designation: Senior General Manager – Staffing Operations

Mandatory Training Programme - Prevention of Sexual Harassment at Work Place - The Sexual Harassment

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of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013 (Act)

In accordance with the provisions of the above Act and the Policy of the Company to create awareness on prevention of sexual harassment at workplace, we urge you to undergo an online training programme, on the subject matter.

Please note that undergoing online training is mandatory for this engagement.

The **link** to undergo the programme and complete the evaluation is given below.

Link : <https://tconnect.teamlease.com/Learning>

The training programme shall be conducted on a regular basis every year. Please complete the training programme within 15 days of receipt of this letter, after which it shall be treated as a deemed confirmation that you have understood your responsibilities in ensuring a safe workplace.

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) : Arun Balaji M
2. FATHER'S / HUSBAND'S NAME : MUTHUMURUGAN K
3. DATE OF BIRTH : 14-Jul-2003
4. SEX : Female
5. MARITAL STATUS : Single
6. ACCOUNT NO : KN/BN:KN/35224
7. ADDRESS : 33 MANINAGARAM,
3RD STREET ARUPPUKOTTAL,
Aruppukkottai - 626101

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)
Muthumurugan K, 33 MANINAGARAM, 3RD STREET ARUPPUKOTTAL, Aruppukkottai- 626101	Father	26 - Mar - 1977	100	No

- * 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.
 - * 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	Muthumurugan K, 33 MANINAGARAM, 3RD STREET ARUPPUKOTTAI, Aruppukkottai- 626101	26 - Mar - 1977	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)
Muthumurugan K	33 MANINAGARAM, 3RD STREET ARUPPUKOTTAI, Aruppukkottai- 626101	26 - Mar - 1977	Father

Date : 16-Jun-2023

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 TeamLease Services Limited

Place : _____

Authorized Signatory

Date :

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

Signature with Designation

TeamLease Services Ltd

6th Floor, BMTC Commercial Complex,

80 Feet Road, Koramangala,

Bangalore - 560095.

(Name and address of the factory / estt. Or rubber stamp thereof)

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 TeamLease Services Limited
6th Floor, BMTC Commercial Complex,
80 Feet Road,
Koramangala,
Bangalore - 560095.

1. Shri / Shrimati / Kumari ARUN BALAJI M 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	MUTHUMURUGAN K,33 MANINAGARAM, 3RD STREET ARUPPUKOTTAI, Aruppukkottai- 626101	Father	26 - Mar - 1977	100
2				
3				
4				
5				
6				

Statement

1	Religion	Hinduism	
2	Sex.	Female	
3	Name of employee in full.	Arun Balaji M	
4	Whether married/unmarried/widow	Single	
5	Department/Branch/Section where employed	Aruppukottai	
6	Post held with Ticket or Serial Number if any.	Sales Officer	
7	Date of appointment.	16-Jun-2023	
8	Permanent address.	33 MANINAGARAM, 3RD STREET ARUPPUKOTTAI, Aruppukottai - 626101	
	Village	Thana	Sub-division
	Post Office	District	State

Place : Aruppukottai
Date : 16-Jun-2023

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 : Aruppukottai

Place : Aruppukottai

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.

For TeamLease Services Limited

Designation

Authorized Signatory

Name and address of the
of rubber stamp thereof

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)

3019580

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	Arun Balaji M					
2	Fathers' Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/>	Muthumurugan K					
3	Date of Birth (DD/MM/YYYY)	14/07/2003					
4	Gender: (Male/Female/Transgender)	Female					
5	Marital Status(Married/Unmarried/Widow/Widower/Divorcee)	Unmarried					
6	(a) Email Id: (b) Mobile No.:	arunbala701@gmail.com 9345610486					
7	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)	16/06/2023					
8	KYC Details (attach self attested copies of following KYCs) a) Bank Account No.:	184201000009770					
	b) IFS Code of the branch:	IOBA0001842					
	c) AADHAAR Number:	257208040500					
	d) Permanent Account No. (PAN), if available	CWQPA9591L					
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)
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: 16-Jun-2023
Place: Aruppukottai

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 Addhaar verified employees only. Other employees to fill physical claim (Form-13) for transfer of account from pervious establishment.



घोषणा पत्र DECLARATION FORM

Offer Ref # 3019580

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 नि:शुल्क 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

(ख) नियोजक के विवरण

(B) EMPLOYER'S PARTICULARS

1. बीमा संख्या/Insurance No.			
2. नाम (स्पष्ट अक्षरों में) Name in block letters		Arun Balaji M	
3. पिता/पति का नाम Father's/Husband's Name		MUTHUMURUGAN K	
4. जन्म की तिथि Date of Birth	दिन Day	महीना Month	वर्ष Year
	14	07	03
5. वैवाहिक प्रास्थिति Marital Status	6. लिंग/Sex	7. विवाहित/ अविवाहित विवा M/U/W	8. पु.म./M.F.
7. वर्तमान पता/Present Address 33 MANINAGARAM 3RD STREET ARUPPUKOTTAI Aruppukottai, Tamil Nadu पिन कोड Pin Code 6 2 6 1 0 1 टेलीफोन नम्बर/ई-मेल पता/aranbala701@gmail.com		8. स्थायी पता/Permanent Address 33 MANINAGARAM 3RD STREET ARUPPUKOTTAI Aruppukottai, Tamil Nadu पिन कोड Pin Code 6 2 6 1 0 1 टेलीफोन नम्बर/ई-मेल पता/ 9345610486	
शाखा कार्यालय Branch Office		औषधालय Dispensary	

9. नियोजक की कूट संख्या Employer's Code No.			
10. नियुक्ति की तारीख Date of Appointment	दिन Day	महीना Month	वर्ष Year
	16	06	2023
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
MUTHUMURUGAN K	Father	33 MANINAGARAM,3RD STREET ARUPPUKOTTAI,Aruppukottai,626101

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	कस्बा/Town	राज्य/State
1	GOMATHI	02-11-1981	Mother	Yes			
2	MUTHUMURUGAN K	26-03-1977	Father	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	Arun Balaji M
बीमा संख्या/Ins. No.	नियुक्ति की तारीख/Date of appointment 16-06-2023
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

X 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

