

Candidate Information Form

PERSONAL DETAILS		
Name of Applicant: Surname	Middle <u>Kumar</u>	First <u>Pankaj</u>
Date of Birth (dd/mm/yy): <u>08/07/2002</u>		
Sex: <u>Male</u>		
Father's Name: <u>Ram Teerath</u>		
Home Phone:	Office Phone:	Mobile: <u>8726218242</u>

EMPLOYMENT RECORD: Starting with your present or most recent employer, please list last 2 employments. When listing consulting or temporary assignments, under "Employer", state the name of the consulting or temporary agency that placed you at the client site. Complete and accurate dates (month/year) must be provided.

EMPLOYER 1 (Current):		Employee Id: <u>1017857</u>	From (mm/yy): <u>03/2024</u>	To (mm/yy): <u>06/2025</u>
Street Address: <u>Plot No. 21, Sector 3 Imt</u> <u>Manesar, Gurugram Haryana 122050</u>		Employer's Phone No.:		Remuneration/Salary: <u>6LPA</u>
City: <u>Gurugram</u>	State: <u>Haryana</u>	Country: <u>India</u>	Postal Code: <u>122050</u>	
Job Title: <u>Text Engineer</u>		Reason for leaving: <u>learning and growth</u>		
Employment Status: (Please check the relevant box)		Supervisor's Details:		
<input checked="" type="checkbox"/> Full Time		Name: <u>Kamal Sharma</u>		
<input type="checkbox"/> Contract /Through Outsourcing Agency		Title: <u>Sr. Executive</u>		
		Phone No.: <u>8827251741</u>		
		E-mail id: <u>Kamal-Sharma@sgs.com</u> (Preferably official)		
		HR Manager's Details:		
		Name: <u>Muneesh Sharma</u>		
		Phone No.: <u>9871797799</u>		
		E-mail id: <u>Muneesh.sharma@sgs.com</u> (Preferably official)		
Description of Duties:				
Current Employment Authority Provided If No When		Yes/No	<u>Yes</u>	

All details are compulsory

Strictly Private & Confidential

EMPLOYER 2:		Employee Id: 102	From (mm/yy): 05/2022	To (mm/yy): 02/2024
Street Address: 198-199, MIE, Phase 1, Bahadurgarh Haryana - 124507		Employer's Phone No.:		Remuneration/Salary: 25K/Month
City: Jhajjar	State: Haryana	Country: India	Postal Code: 124507	
Job Title: Test Engineer		Reason for leaving: for learning and growth		
Employment Status: (Please check the relevant box)		Supervisor's Details:		
<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		Name: Sunil Yadav Title: Technical Manager Phone No.: 8750340143 ✓ E-mail id: tmemlemc@alphatest house.com (Preferably official)		
Outsourcing Agency Details:		HR Manager's Details: Same as above		
Name: Address: Tel No.:		Name: Sunil Yadav Phone No.: E-mail id: (Preferably official)		
Description of Duties:				

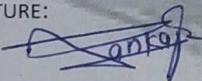
All details are compulsory

Strictly Private & Confidential

DECLARATION & LETTER OF AUTHORIZATION

- I certify that the statements made in this application are valid and complete to the best of my knowledge. I understand that false or misleading information may result in termination of employment.
- If upon investigations, any of this information is found to be incomplete or inaccurate, I understand that I will be subject to dismissal at any time during my employment.
- I hereby authorize **the Company** and/or any of its subsidiaries or affiliates and any persons or organizations acting on its behalf (TP), to verify the information presented on this application form and to procure an investigative report or consumer report for that purpose.
- I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous records. In addition, please provide any other pertinent information requested by the individual presenting this authority.
- I hereby release from liability all persons or entities requesting or supplying such information.
- I authorize **the Company** to contact my present employer. ☒ Yes ☐ No
- I have read, understand, and by my signature consent to these statements.

SIGNATURE:



DATE:

NAME (IN BLOCK LETTERS): **PANKAJ KUMAR**

DOCUMENTS REQUIRED (COMPULSORY)	ATTACHED YES / NO
Copy of all past Employment Appointment & Relieving Letters / Salary Slips with employee code	Yes

All details are compulsory

Strictly Private & Confidential

In Case of Emergency Form		It is the responsibility of every employee to inform HR Department regarding any changes.	
I. GENERAL INFORMATION			
Employee Name: <u>Pankaj Kumar</u>		Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: <u>08/07/2002</u>
Current Address: <u>H.N. 3799/20 gali No. 193 Laxman Vihar (122006) Kurugram</u>		City: <u>Kurugram</u>	State: <u>Haryana</u>
Permanent Address: <u>12, Khondhawa Post</u>		City: <u>UP Sultanpur</u>	State: <u>UP</u>
Please provide your Family Details (Parents, Siblings, Spouse etc.)			
Name: <u>Ram Teerath</u>		Relationship: <u>Father</u>	
Phone: <u>9936416757</u>	Address: <u>(Same as permanent address)</u>		
Name: <u>Shimla Devi</u>		Relationship: <u>Mother</u>	
Phone:	Address:		
Name: <u>Prathakar</u>		Relationship: <u>brother</u>	
Phone:	Address:		
Name: <u>Ruchi</u>		Relationship: <u>Sister</u>	
Phone:	Address:		
Name: <u>Khushi</u>		Relationship: <u>Sister</u>	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		
Name:		Relationship:	
Phone:	Address:		

Please provide the details of any of your friends		
Name: <i>Ashok Sharma</i>	Location: <i>Sultanpur</i>	Profession: <i>Job</i>
Home Phone:	Work Phone: <i>8726679507</i>	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: <i>Ram Tecrath</i>	Relationship: <i>Father</i>	
Home Phone:	Work Phone: <i>9936416757</i>	Cellular Phone:
Name:	Relationship:	
Home Phone	Work Phone	Cellular Phone:
Preferred Hospital:		
Physician's Name	Specialist Name:	Dentist Name:
Phone:	Phone:	Phone:
List all medications that you are taking (prescription and over the counter). If necessary include the reason of medication:		
List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that emergency personal need to be aware of, attach documentation is necessary:		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: <i>[Signature]</i>		Date Signed:

EMPLOYEE MEDICAL SELF DECLARATION FORM

Please specify if you're having health issue: YES/NO ____ No
If yes, please specify in detail:

Suffering from any chronic diseases: YES/NO ____ No
If yes, please specify in detail:

Undergoing any Medical Treatment: YES/NO ____ No
If yes, please specify in detail:

I, Pankaj Kumar
(Applicant's Name)

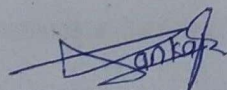
of 3799/20 gali No. 193A Laxman Vihar
(Applicant's Address)

Agree as an applicant being a fit and proper person and able to perform the inherent requirements of the position.

I do sincerely declare that the contents of this form are true and correct and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld. I understand that any wilfully incorrect or misleading answer or material omission which relates to any of the questions before mentioned may make me ineligible for employment, or if employed, liable to disciplinary action which may include dismissal. I understand that this pre-employment health declaration may form part of my file.

I also voluntarily and freely consent to sharing of the above personal information in relation job employment to Marquis Technologies Pvt. Ltd

Applicant's signature



Date



Declaration Form
(To be retained by the Employer for future reference)

Employees' Provident Fund Organization

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)

&

THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE.
(PLEASE GO THROUGH THE INSTRUCTIONS)

1) NAME (TITLE)

MR. MS. MRS.
(PLEASE TICK)

PANKAJ KUMAR

2) DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
0	8	0	7	2	0	0	2

3) FATHER'S/
HUSBAND'S NAME

MR.

RAM TEERATH

4) RELATIONSHIP IN RESPECT OF (3) ABOVE
(PLEASE TICK)

FATHER	HUSBAND
<input checked="" type="checkbox"/>	<input type="checkbox"/>

5) GENDER
(PLEASE TICK)

MALE	FEMALE	TRANSGENDER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) MOBILE NUMBER
(IF ANY)

0726218292

7) EMAIL ID (IF ANY)

erpankajtecho1
4@gmail.com

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?

(PLEASE TICK)

YES ☒

NO ☐

9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?

(PLEASE TICK)

YES ☒

NO ☐

IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11&12):

A. PREVIOUS EMPLOYMENT DETAILS

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

UAN

1 0 2 0 5 8 4 1 3 7 2 4

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
	<input checked="" type="checkbox"/>

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

14) EDUCATIONAL QUALIFICATION
(PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/ PROFESSIONAL
				<input checked="" type="checkbox"/>			

15) MARITAL STATUS
(PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE
<input checked="" type="checkbox"/>			

16) SPECIALLY ABLED
(PLEASE TICK)

YES	No

If YES, TICK THE CATEGORY

LOCOMOTIVE	VISUAL	HEARING

17) KYC DETAILS

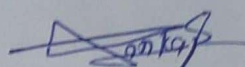
KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*	Pankaj Kumar	48588100009132	BARBOHEMNAP
NPR/AADHAAR	Pankaj Kumar	466606269767	Zero
PERMANENT ACCOUNT NUMBER (PAN)	Pankaj Kumar	IUWPK9694A	
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
RATION CARD			
ESIC CARD			

* **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.**

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. Pankaj Kumar 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

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

1. Name (IN BLOCK LETTERS): PANKAJ KUMAR RAM TEERATH
Name Father's / Husband's Name Surname

2. Date of Birth : 08/07/2002 3. Account No. 48508100004132

4. *Sex : MALE/FEMALE: Male 5. Marital Status Married

6. Address Permanent / Temporary : 12, Vill Khondhawra part Bisawan
distt Sultanpur pin 227812

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.

to receive the amount standing to my credit in the Employees Provident Fund, in the event of my death.					
Name of the Nominee (s)	Address	Nominee's relationship with the member	Date of Birth	Total amount or share of accumulations in Provident Funds to be paid to each nominee	If the nominee is minor name and address of the guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
Roshani	Sulthanpur	Wife	14/12/1957	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.

Signature/or thumb impression
of the subscriber

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 premature death in service.

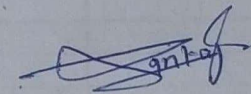
[illegible]

Certified that I have no family as defined in para 2 (vii) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish Particulars there on in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2 (a) (i) & (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

Date _____



Signature or thumb impression
of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri / Smt./ Miss _____ employed in my establishment after he/she has read the entries / the entries have been read over to him/her by me and got confirmed by him/her.

Date : _____

Signature of the employer or other authorised officer of the
establishment

Name & address of the Factory /Establishment

Place :

Date :

Medical Insurance Nominee Form	
Name:	Pankaj Kumar
ICICI Account No.(if you have)	48588100004132 (BOB)
Pan card No:	IUWPK 9694-A
Your Date of Birth:	08/07/2002
Nominee:	Roshani
Relationship with nominee:	Wife
Marital Status (Single/Married):	Married
If married please mention the below mentioned details:	
Wife/Husband's Name:	Roshani
Date of Birth:	14/12/1997
Age:	26
Gender:	Female
Child1's Name:	-
Date of Birth:	-
Age:	-
Gender:	-
Child2's Name:	-
Date of Birth:	-
Age:	-
Gender:	-

EMPLOYEES' PROVIDENT FUND ORGANISATION

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

Employees' Pension Scheme, 1995 (Paragraph 24)

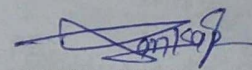
(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1.	Name of the member	Pankaj Kumar
2.	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	Ram Teerath
3.	Date of Birth: (DD / MM / YYYY)	08/07/2002
4.	Gender: (Male/Female/Transgender)	Male
5.	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	Married
6.	(a) Email ID: (b) Mobile No.:	erpankajtech014@gmail.com 9726218242
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:	102058413724
	b) Previous PF Account Number:	
	c) Date of exit from previous employment: (DD/MM/YYYY)	
	d) Scheme Certificate No. (if issued)	
10.	e) Pension Payment Order (PPO) No. (if issued)	
	a) International Worker:	Yes / No
	b) -If yes, state country of origin (India/Name of other country)	
	c) Passport No.	
11.	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	
	KYC Details: (attach self attested copies of following KYCs)	
	a) Bank Account No. & IFS Code	40580100004132 (BARBRHEMANP)
	b) AADHAR Number	966606269767 2ero
	c) Permanent Account Number (PAN), if available	IUWPK968A

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:


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 UAN database
 - ☐ Have not been uploaded
 - ☐ Have been uploaded but not approved
 - ☐ Have been uploaded and approved with DSC
- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
- The above PF Account number/UAN of the member as mentioned in (A) above has been tagged with his/her UAN/Previous Member ID as declared by member.
 - Please Tick the Appropriate Option:-
 - ☐ The KYC details of the above member in the UAN database have been approved with Digital Signature Certificate and transfer request has been generated on portal.
 - ☐ 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