



# Pentation Analytics Pvt. Ltd.

Nucleus House, Saki Vihar Road, Andheri (East), Mumbai - 400 072

**Employee Details**



## HR Document Submission Sheet

You are requested to submit the following documents upon selection.

SN	Name of the documents
1	PAN Card Copy
2	Address Proof (Ration Card /Electricity Bill /Passport /Voter Card)
3	Aadhaar Card
4	Date of Birth Proof (School Leaving Certificate /S.S.C. Certificate /Govt. Authorised Proof)
5	Educational Certificates (SSC, HSC, Graduation & Post Graduation)
6	2 Passport Size Photographs
7	Resignation Acceptance / Relieving Letter from the previous employer
8	Previous Salary Slip (For Latest Month) / Certificate
9	Blank cheque (Cancelled) with IFS Code, Name & Account Number (If name is not pre-printed on the cheque, send submit bank account statement / passbook copy, of the same account number)
10	Other Certificates relevant to the role
11	Resume /CV should have atleast following information: a) Full Name , Middle Name, Last Name, Father Name b) Date of Birth c) Address d) Education Details e) Gender f) Work Experience

Note : 1) In case of difficulty or query, you can call us at 022-2858 3504 / 3503 or email at [hr@acm.co.in](mailto:hr@acm.co.in).

2) The joining will not be considered unless all the above listed documents are submitted to the HRD Department

Account Number  
Should be printed

Employee Name  
Should be  
Printed here

# Application Form

## Employee Details

LATEST  
PHOTOGRAPH  
(Passport Size)

### To be filled by Employee

Name & Last Name
Father's Name
Date Of BirthGender
Blood Group
Martial Status
Name of Spouse
Date Of Anniversary
Residential Telephone
Mobile
Personal Email ID
PAN Number

### Employee Addresses.

Address :	Present	Permanent
Address Line 1		
Address Line 2		
State		
Pin Code		
Country		

### Employee References

Details	Reference I (Current employer reporting person)	Reference II (Current employer HR person)	Reference III (Previous employer reporting person)
Reference Name			
Designation			
Company Name			
Contact Details			
Email ID			
Remarks			

Reference Check of reporting person of current employer & HR person, and previous employer  
References from Relatives, Doctor and Lawyer will not be valid.

Employee Family Details					
Relative's Name	Relation	Date Of Birth	Occupation	Dependent	Blood Group

Employee Nominee		
Nominee Name	Nominee Type Name	Nominee Share
	PF	
	Gratuity	
	ESIC	

Employee Education (Start with last qualification)	
Institution Name 1	
Qualification	
Subjects	
Percentage	
Period From	
Period To	

<b>Institution Name 2</b>	
Qualification	
Subjects	
Percentage	
Period From	
Period To	

<b>Institution Name 3</b>	
Qualification	
Subjects	
Percentage	
Period From	
Period To	

<b>Employee Work Experiences (Start with last employment)</b>		
	<b>Current employer</b>	<b>Previous employer</b>
Company Name		
Address Line 1		
Address Line 2		
City		
State		
Pin Code		
Country		
Job Responsibilities		
Period From		
Period To		
Reason for leaving		
CTC On Leaving		

<b>Special Training / Courses taken</b>					
Course Name	Training Location	Period From	Period To	Conducted By	Fees

Undertaking declaration from employee

WARNING: Giving false or misleading information is a serious offence.

I \_\_\_\_\_ declare that the information supplied on this form is correct; the employer can take necessary steps / action (including termination) if the information above are found false / misleading / incorrect.

Name of Employee \_\_\_\_\_

Signature of Employee \_\_\_\_\_

To,  
HR & Training Department,  
Pentation Analytics Pvt. Ltd.  
Nucleus House, SakiVihar Road,  
Andheri (West), Mumbai 400072

Date:

Dear Sir / Madam,

Sub: Request to credit salary directly to my Bank Account

I, \_\_\_\_\_ (name of employee), an employee of the Company, do request you to transfer my salary directly to my Bank Account number mentioned below in this letter and I authorise the Authorised Personnel of the Company to carry out all the necessary procedures as may be required for the purpose.

Requesting you to consider my request.

Thanking You,

Yours Truly,

Name of Employee:	
Employee Code:	
Department:	
Location:	
Bank Account No.: (For Salary Credit)	
Signature:	



## Investment Declaration

( To be filled by Employees for Declaring their Investment at the time of joining)

Dated: \_\_\_\_\_

To

Officer In-charge,  
Company Accounts department,  
**Pentation Analytics Pvt. Ltd.**  
Mumbai.

Dear Sir,

I hereby undertake that I will be availing the tax benefits on the following count mentioned in the table below. I will submit the necessary documents as well as the receipts for actual payments as per the schedule declared by the company from time to time

Action	Amount	Documents required
HRA claim (Rent)		Monthly rent receipts
PPF		Copy of Deposit receipt
Life Insurance		Proof of premium paid
Housing Loan - Principle		Certificate from bank
Housing Loan - Interest repayment		Certificate from bank
Mediclaime		Proof of premium paid
Mutual fund		Proof of payment
Others		

I agree to produce the proofs of payments latest by 25th January \_\_\_\_\_. In case of HRA claim I am submitting the registered rent agreement with this declaration. Kindly consider the above declaration for computing my tax liability if any.

Employee Name: \_\_\_\_\_

Employee Code: \_\_\_\_\_

Employee Signature: \_\_\_\_\_





**A. PREVIOUS EMPLOYMENT DETAILS**

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

**UAN**

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

OR

**PREVIOUS PF MEMBER ID**

REGIONCODE	OFFICECODE	ESTABLISHMENTID	EXTENSION	ACCOUNTNUMBER

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			

\* **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. .... 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

Date of Appointment \_\_\_\_\_

FORM 2 (REVISED)

(P.F. Deduction date): \_\_\_\_\_

**NOMINATION & DECLARATION FORM**

Group No. :

**FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS**

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): \_\_\_\_\_
2. FATHER'S / HUSBAND'S NAME : \_\_\_\_\_
3. DATE OF BIRTH : \_\_\_\_\_ 4. SEX : \_\_\_\_\_  
(Male / Female)
5. MARITAL STATUS : \_\_\_\_\_  
(married / unmarried / widow / widower)
6. P.F. ACCOUNT NO. : / \_\_\_\_\_
7. ADDRESS: \_\_\_\_\_  
: \_\_\_\_\_

**PART - A (EPF)**

I hereby nominate the person(s) / cancel the nomination made by me previously 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 & Address of the Nominee (s)	Nominee's relationship with the member	Date of Birth	Total amt or share of accumulation in PF to be paid to 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)

1. \* Certified 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 OF 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)

Certified that I have no family, as defined in Para 2 (Vii) of the Employees' Pension Scheme, 1995 and should I acquire a family I shall furnish particulars there on 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 any eligible family member / s for receiving pension.

Name & Address of the Nominee	Address	Date of Birth	Relationship with member
(1)	(2)	(3)	(4)

Date: \_\_\_\_\_

X \_\_\_\_\_  
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 / Smt. / Kum. \_\_\_\_\_

Employed in my / our establishment after he / she has read the entire / entries have been read over to him / her by me and got confirmed by him / her.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Employer's OR other

Authorized Officer's of the Establishment  
Signature with designation

(name and address of the factory / estt. or rubber stamp thereof)

**FORM "F"**

[See sub-rule (1) of rule 6]

**Nomination**

To \_\_\_\_\_

[Give here name or description of the establishment with full address]

I, Shri/Shrimati/Kumari \_\_\_\_\_ whose particulars are given in  
[Name in full here]

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 a/are member(s) of my family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972.
3. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.
4. (a) My father/mother/parents is/are not dependant on me.  
(b) my husband's father/mother/parents is/are not dependant on my husband.
5. I have excluded my husband from my family by a notice dated the to the Controlling Authority in terms of the proviso to clause (h) of section 2 of the said Act.
6. Nomination made herein invalidates my previous nomination.

**Nominee(s)**

Name in full with full address of nominee(s)#	Relationship with the employee #	Age of nominee#	Proportion by which the gratuity will be shared#
1.			
2.			
3.			
so on.			

**Statement**

1. Name of employee in full.
2. Sex.
3. Religion.
4. Whether unmarried/married/widow/widower.
5. Department/Branch/Section where employed.
6. Post held with Ticket or Serial No., if any.
7. Date of appointment.
8. Permanent address.

Village\_\_\_\_\_ Thana\_\_\_\_\_ Sub-division\_\_\_\_\_ Post Office\_\_\_\_\_

District\_\_\_\_\_ State\_\_\_\_\_

Place  
Date

Signature/Thumb impression  
of the employee

### **Declaration by witnesses**

Nomination signed/thumb impressed before me.

Name in full and full  
address of witnesses.

Signature of witnesses.

1.  
2.

1.  
2.

Place

Date

### **Certificate by the employer**

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

Employer's Reference No., if any.

Signature of the employer/  
officer authorised

Designatio

Date

Name and address of the  
establishment or rubber stamp  
thereof.

### **Acknowledgement by the employee**

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

Date

Signature of the employee