

August 31, 2024

Ref:HDBFS/24-25/HRIC431738/Appt/P42802

Ms.Pragati Ananda Gurav,
C/O Meher Shrirang,
Sr No 22/3/2 Anandvan,
Kalewadi Road, Thergaon,
Near Pavale Mandawale,
Pune-411033

Dear Ms.Pragati Ananda Gurav,

LETTER OF APPOINTMENT

Further to your application and subsequent discussions for employment, HDB Financial Services Limited ("Company") is pleased to appoint you as SALES EXECUTIVE 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) Your duties and responsibilities will be explained to you on your joining the Company.
- b) Your initial place of posting will be at PUNE. The Company reserves the right to change the duties assigned to you, transfer you, temporarily or permanently, to any other 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.
- c) 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.
- d) 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.

- e) 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.
- f) 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.
- g) This letter of appointment can be terminated by either party by giving One month's notice in writing. 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. The Company may, at its sole discretion, require you to proceed on leave during your notice period. Upon the termination of this letter of appointment, you will be required to comply with the Company's exit formalities.
- h) 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.
- i) 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 regard shall be final.
- j) 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.
- k) 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.
- l) 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.

- m) 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.
- n) 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.
- o) 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.
- p) 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.
- q) 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.
- r) 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.
- s) You shall not, at any time during the course of your employment and any time after the termination of your employment with the Company, make any statement, representation, post commentary, content or image or communicate in writing, orally or otherwise or take any action directly or indirectly in public or private, in any manner or through any medium whatsoever including but not limited to newspaper, social media, e-mail, SMS, internet, blog, social networking websites etc., which may directly or indirectly, defame or disparage the image, credibility, good name, goodwill and reputation of the Company or any of its officers, directors, employees, agents, consultants, representatives etc. or create an hostile work environment.
- t) Your appointment will be subject to the organization receiving satisfactory references and Contact Point verification report.

- 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 September 15, 2024.

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 Marksheets (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 Human Resources Department for necessary processing of your Salary.

Yours Sincerely,
For HDB Financial Services Ltd.



A handwritten signature in black ink, appearing to read 'Smily Mehra'.

Smily Mehra
HBL Global - a division of HDB Financial Services Limited.

AGREED AND ACCEPTED

Ms.Pragati Ananda Gurav

Annexure A

	Compensation Breakup	
Name	MS.PRAGATI ANANDA GURAV	
Role	Sales Executive	
Grade	G7	
Location	Pune	
Annual Compensation Break up		HDBFS Monthly
Basic	1,10,256	9,188
HRA	44,100	3,675
Conveyance Allowance	22,044	1,837
Provident Fund (Employer's contribution)	15,876	1,323
Gross Salary (A)	1,92,276	16,023
ESIC (Employer's contribution)-----(B)	5,017	418
Gratuity----- (C)	5,303	442
Total Fixed Compensation (D=A+B+C)	2,02,596	16,883
Note:		
This offer is subject to positive Contact Point Verification, Reference checks, and Credit Information Reports (CIR) generated from Credit Information Companies (CIC). Your consent for candidature of the company will be considered as consent for accessing your CIR from CICs.		
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".		
You will be covered under Group Personal Accident Insurance as per policy of the Organization		
 <div>Ref:HDBFS/24-25/HRIC431738/Appt/P42802</div>		

I accept the terms and conditions as mentioned in the Appointment letter.

Ms.Pragati Ananda Gurav

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) : Pragati Ananda Gurav
2. FATHER'S / HUSBAND'S NAME : Ananda Gurav
3. DATE OF BIRTH : 07-Aug-2003
4. SEX : Female
5. MARITAL STATUS : Single
6. ACCOUNT NO : MH / BAN / 49611
7. ADDRESS : D/O Ananda Gurav,
Mhavashi,
Satara - 415206

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)
Ananda Gurav, A/P MHAVASHI,TAL-PATAN,DIST-SATARA, SATARA	Father	25 - Jun - 1968	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	Ananda Gurav, A/P MHAVASHI,TAL-PATAN,DIST-SATARA, SATARA	25 - Jun - 1968	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)
Ananda Gurav	A/P MHAVASHI,TAL-PATAN,DIST-SATARA, SATARA	25 - Jun - 1968	Father

Date : 02-Sep-2024

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



Handwritten signature

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 PRAGATI ANANDA GURAV 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	ANANDA GURAV,A/P MHAVASHI,TAL-PATAN,DIST-SATARA, SATARA	Father	25 - Jun - 1968	100
2				
3				
4				
5				
6				

Statement

Statement			
1	Religion	Hinduism	
2	Sex.	Female	
3	Name of employee in full.	Pragati Ananda Gurav	
4	Whether married/unmarried/widow	Single	
5	Department/Branch/Section where employed	HDFC House - Pune	
6	Post held with Ticket or Serial Number if any.	Sales Executive	
7	Date of appointment.	02-Sep-2024	
8	Permanent address.	D/O Ananda Gurav, Mhavashi, Satara - 415206	
	Village	Thana	Sub-division
	Post Office	District	State

Place : HDFC House - Pune
Date : 02-Sep-2024

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.
1. _____
2. _____
Place : HDFC House - Pune

Address of witnesses
1. _____
2. _____
Place : HDFC House - Pune

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.



Offer No: P42802

New Form: 11 - Declaration Form
(To be retained by the employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Fund 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 for EPS, 1995 is applicable)

1.	Name of Member	Pragati Ananda Gurav
2.	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever applicable)	Ananda Gurav
3.	Date of Birth (DD/MM/YYYY)	07/08/2003
4.	Gender (Male / Female / Transgender)	Female
5.	Marital Status (Single/Married/Widow/Widower/Divorcee)	Unmarried
6.	(a) Email ID:	guravpragati941@gmail.com
	(b) Mobile No:	7058123824
7.	Whether earlier member of the Employee's Provident Fund Scheme, 1952?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8.	Whether earlier member of the Employee's Pension Scheme, 1995?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9.	Previous Employment details a) Universal Account Number (UAN) b) Previous PF Account Number c) Date of Exit from previous Employment (DD/MM/YYYY) d) Scheme Certificate No (If issued) e) Pension Payment Order (PPO) (If issued)	
10.	a) International Worker b) If yes, state country of origin (name of other country) c) Passport No. d) Validity of passport (DD/MM/YYYY) to (DD/MM/YYYY)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> To
11.	KYC Details: (Attach Self Attested copies of following KYCs) a) Bank Account No. & IFS Code b) AADHAR Number c) Permanent Account Number (PAN), If available	50100696543141 / HDFC0005179 241437662045 EAMPG6500B

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorise EPFO to use my Aadhar for verification / authentication / eKYC purpose for service delivery.
- 3) Kindly transfer the fund and service details, if applicable, from the previous PF account as declared above to the present PF 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)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: 02-Sep-2024

Place: Pune

X

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 or 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.



Signature of Employer with Seal of Establishment

Date:



घोषणा पत्र DECLARATION FORM

Offer Ref # P42802

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	Pragati Ananda Gurav				
3. पिता/पति का नाम Father's/Husband's Name	Ananda Gurav				
4. जन्म की तिथि Date of Birth	दिन Day	महीना Month	वर्ष Year	5. वैवाहिक प्रास्थिति Marital Status	विवाहित/ अविवाहित विवा M/U/W
	07	08	03	6.लिंग/Sex	पु.म./M.F.
7. वर्तमान पता/Present Address C/O Meher Shrirang Sr No 22/3/2 Anandvan Pune,Maharashtra पिन कोड Pin Code	8. स्थायी पता/Permanent Address D/O Ananda Gurav Mhavashi Satara,Maharashtra पिन कोड Pin Code				
4 1 1 0 3 3	4 1 5 2 0 6				
टेलीफोन नम्बर/ई-मेल पता/guravpragati941@gmail.com	टेलीफोन नम्बर/ई-मेल पता/ 7058123824				
शाखा कार्यालय Branch Office	औषधालय Dispensary				

(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
	02	09	2024
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
ANANDA GURAV	Father	A/P MHAVASHI,TAL-PATAN,DIST-SATARA

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
1	ANANDA GURAV	25-06-1968	Father	हाँ/Yes No	कस्बा/Town SATARA राज्य/State Maharashtra

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	Pragati Ananda Gurav
बीमा संख्या/Ins. No.	नियुक्ति की तारीख/Date of appointment 02-09-2024
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

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 # P42802

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	ANANDA GURAV	25-06-1968	Father		No	SATARA	Maharashtra