

## JOINING REPORT

To,  
Head HR  
Hinduja Global Solutions Limited-Business Services  
Bandra, Mumbai

Subject: Joining Report

This is to inform you that I have reported for duty on \_\_\_\_\_ at \_\_\_\_\_

My residential address is mentioned below:

**Permanent:**

Vichingcha pt- 2, Hailakandi, ASSAM. - 788151

**Temporary:**

Abdul Gaffar, No-309, 3rd Cross, Main, 4th Cross,  
ISLAMPURA, HAL, OLD Airport Rd.

Name: Kalim Ulla Mazumder

Signature Kalim

Position: Field Sales Executive

Date: 17.9.2019

Contact Number: 9138844934  
8486905618

Emergency Contact No: 9481590452

**For Office Use Only:**

Location: Bangalore.

Place: Bangalore.

Name & Signature of the HR official

Kalim

HINDUJA GLOBAL SOLUTIONS LIMITED

7A, Summerville, Junction of 14th & 33rd Road, Bandra (W), Mumbai - 400050. Telephone: +91-22-42009353/50. CIN: L92199MH1995PLC084610  
Regd. Office: Hinduja House, No. 171, Dr. Annie Besant Road, Worli, Mumbai - 400 018. India. Telephone: 91-022-2496 0707, Fax: 91-22-2497 4208, Website: www.teamhgs.com

Registered in England No: 3017799

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8486905618

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Location: Bangalore. Place: Bungalow.

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**JOINING CHECKLIST**

Sr. No.	Document Name	Yes / No	Remark
1	Resume / Curriculum Vitae	yes .	
2	Acknowledged copy of Appointment Letter	yes .	
3	PAN Card (Mandatory)	yes	
4	Vertical copy of Aadhar Card (Mandatory)	yes .	
5	Proof of Address (Aadhar Card / Driving License / Passport / Voter ID Card / Electricity Bill / Rent Agreement [in case where Permanent & Current Address are different])	yes .	
6	Proof of Identity (PAN Card/ Aadhar Card/ Driving License/ Passport / Voter ID Card)	yes .	
7	Date of Birth (PAN Card/ Aadhar Card/ Driving License/ Birth Certificate / Passport / Voter ID Card)	yes .	
8	Educational Documents a. Post-Graduation b. Graduation c. Diploma	yes .	
9	Experience Letter / Relieving Letter - Last 2 Organizations	No	
10	Last 3 consecutive months salary slips	No	
11	Bank Account Details (Copy of Cancelled Cheque / Front page of Passbook Copy)	No .	
12	Soft copy of the photo in jpg format )2.5cm height X 2cm width, preferably white background.	yes .	
12	Photograph (1 No.)	yes .	

*Kishan*

Date: 14-9-2019

Ms/Mr. \_\_\_\_\_  
Mumbai.

Dear \_\_\_\_\_,

Sub: Agreement of confidentiality

Any information and records maintained by you or forwarded to you, which may relate to any client are of a private and of a confidential nature and will not be disclosed to anyone other than anyone officially authorized by the Firm in that behalf and in writing.

You shall maintain the highest professional ethics coupled with the right code of conduct in your dealings. You shall be responsible for any loss, delay or inconvenience caused by any act, omission or negligence and you shall indemnify the Firm for the losses, if any, without prejudice to any other rights available to the Firm.

You will be responsible for ensuring safe custody of all information, software and particulars provided to you and for return of the same to the Firm on demand or as and when required by the Firm.

You recognise and accept that all data and information coming to your knowledge during the course of your services is and will be of a confidential nature and you shall not use or attempt to use or permit any party to use such data or information or disclose or divulge such data or information to any party other than to a party specifically authorised by Firm in writing. You shall not reveal any such data or information to any part or make or keep copies of any such data or information given to you. Obligation shall continue to apply without limit in point of time. In case the Firm suffers any loss or damage on account of any information pertaining to the contents of any consignment coming to the knowledge of or in possession of any third party, you shall indemnify therefrom at all times.

You acknowledge your awareness that the data provided to you will contain valuable information which is capable of being misused if it falls into the hands of any third party and thereby cause loss and/or damage to the Firm. Accordingly, if you commit an act of willful negligence or any act of commission or omission, directly attributable to your negligence, the Firm shall without prejudice to its aforesaid rights, be entitled to claim compensation from you for any loss or damage that the Firm may suffer, incur or be put to and you shall indemnify losses, damages, costs, charges and expenses, whatsoever, which the Firm may suffer, sustain, incur or be put to by reason of or as a consequence of such negligence on your part.

*Kulim*

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**DECLARATION FORM**  
(A) INSURED PERSON'S PARTICULARS

Form 1

AADHAAR NUMBER

9 1 5 9 4 4 6 4 4 7 6 1

EMPLOYEE CODE

EXISTING ESIC NUMBER  
IF ANY,

Name (in block letters)

FIRST NAME: Kalim  
MIDDLE NAME: ulla  
SURNAME: Mazumder

Father's / Husband's Name

FIRST NAME: Lutfur  
MIDDLE NAME: Rahman  
SURNAME: Mazumder

Date of Birth				4(A) Disability Status(N)		5 Marital Status (N)			6 Sex (N)		Dispensary
DD	MM	YYYY		Normal	Handicapped	Unmarried	Married	Widow	Male	Female	
10	10	19	91	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Present Address

ABDUL GAFFAR, NO-309, 3rd cross, 4th main Islampura, HAL, Old Airport Rd.

Permanent Address

L.A-G, Vichingcha Pt-2, HAILAKANDI, ASSAM-788151

Mobile: 9738844994

E-mail ID: Kalimmazumder65@gmail.com

Date of First Deduction: DD 10 MM 10 YYYY 1991

Details of Nominee u/s 71 of ESI Act 1948 / Rule 54(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the event of death.

Sr #	Name	Relationship	Address	Dispensary
1	<u>Lutfur R. Mazumder</u>	<u>Father</u>	<u>L.A-G, Vichingcha Pt-2 Hailakandi, ASSAM</u>	

FAMILY PARTICULARS OF INSURED PERSON

Sl No	Name	Date of Birth (DD/MM/YYYY)	Relationship with Employee	Whether Residing with Him / Her?	AADHAAR Number	Dispensary
1	<u>Munim M. Mazumder</u>		<u>Brother</u>			
2	<u>Lutfur R. Mazumder</u>		<u>Father</u>			
3	<u>Saisa B. Mazumder</u>		<u>Mother</u>			
4						
5						
6						
7						
8						

*Kalim*

# Letter of Authorization

## To whom it may concern


I understand that the information provided by me may be used by **Hinduja Global Solutions Limited.** or any third-party agency appointed by the organization to verify and validate the information I have provided including my employment, my personal background, professional standing, work history and qualifications etc.

I understand that the organization or the third-party agency appointed by the organization may obtain information it deems appropriate from various sources including, but not limited to current and past employers, criminal conviction records, university / school / college records, professional and personal references and other verifying sources / authorities.

I authorize, without reservation, any individual, corporation or other private or public entity to furnish the organization or the third-party agency appointed by the organization, all information about me.

I unconditionally release and hold harmless any individual, corporation, or private or public entity from any and all causes of action that might arise from furnishing to the organization or the third-party agency appointed by the organization, that they may request pursuant to this release.

This authorization and release, in original, faxed or photocopied form, shall be valid for this and any future references.

Signature	
Name (In Block Letters)	Kalim Mazumder
Date	17-09-2019



Whether You Have Withdrawn Your Previous EPF (Employees' Provident Fund Scheme, 1952) Fund	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Whether You Have Withdrawn Your Previous EPS (Employees' Pension Scheme, 1995) Fund	Yes <input type="checkbox"/> / No <input type="checkbox"/>

### 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/e-KYC 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 as I am an Aadhar 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: 17-09-2019

Place: Bangalore

X

  
Signature of 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

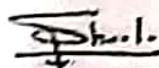
- Have not been uploaded
- Have been uploaded but not approved
- Have been uploaded and approved with DSC/e-sign.

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 Aadhar 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 Aadhar verified employees only. Other employees are request to file physical claim (Form -13) for transfer of account from the previous establishment.

