



Please Paste your Latest Photograph

APPLICATION FORM FOR ENGAGEMENT

Position Applied for: _____

Dr. / Mr. / Mrs. / Ms.

First Name:	Middle Name :	Surname :
Name (as you would like it to appear on the Identity Card):		
Permanent Address – (with PIN code)	Present/Communication Address – (with PIN code)	
Residing Since:	Residing Since:	

PERSONAL DETAILS:

Mobile Number:		Residence Telephone No:	
Email ID:		Date of Birth: (DD/MM/YYYY)	
Father's Name:		Blood Group:	
Marital Status:		Nationality:	
PAN No.:		Aadhar No.:	
ESI No.: Existing / past employer		PF/UAN No.:	

EDUCATION: (Please indicate the details in descending order i.e. beginning from highest)

From (mm/yyyy)	To (mm/yyyy)	Course / Degree	Name & City of School/College/Institute	Board /University affiliated to	Grade / % obtained

FAMILY: (Please indicate the details of you family members including parents and dependent siblings)

Name of the family member	Relation	Date of Birth	Occupation	Aadhar No.	Dependent (Yes / No)

EMPLOYMENT RECORDS: Presently employed Yes No

(Please provide details in descending order i.e. beginning with the current / most recent)

From (dd/mm/yyyy)	To (dd/mm/yyyy)	Name and address of Employer	Designation	Primary Job Responsibilities	Salary (Gross Cost) p.m.

Salary & benefits Details (Current /Last Job):				
Name of Employer				
Nature of Employment		Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contract <input type="checkbox"/>		
Compensation	Compensation Heads		Amount Per month	Amount Per annum
	Basic			
	Employer Share EPF			
	Employer Share ESI			
	HRA			
	D.A			
	Special Allowance			
	Other Allowances			
	Bonus			
	Annual Leave			
	Total (per month)			
	Deduction Part			
	Employee Share EPF			
	Employee Share ESI			
	Net Payment			

REFERENCE: Please provide the names of three persons (other than relatives) who know you well and whom we may write to for references. Please write at least one reference of your previous employers.

Name	Designation/Title	Company	Address, Contact No. including Email ID	How do you know him/her?

Do you have a valid permanent driving license? (If yes, please attach the photocopy of driving license along with the application form) Put (Yes/No)

Do you possess a two /Four Wheeler (Yes/No)

Medical history:

Height:

Weight:

Eyesight: If wearing spectacles, indicate the power of lenses
Right Eye: _____ Left Eye: _____

Indicate whether you have any physical disability (Yes/No), If Yes, give details

Have you had any major illness in the past: (Yes/No), if yes, give details?

Have you ever been charged or convicted for any criminal offence? (Yes/No), if yes, give details?

Have your services ever been terminated by your employer? (Yes/No), if yes, give details?

Indicate the earliest date on which you can join us (dd/mm/yyyy):

Please mention the number of supporting documents provided:

Authorization / Declaration:

I hereby authorize Agency and its representative(s) to authenticate the information provided in my resume and application for employment and to conduct enquiries as may be necessary, at the Agencies discretion. I authorize all persons who may have information relevant to this enquiry to disclose it to Agency or its representative(s). I release all persons from any liability whatsoever on account of such disclosure.

I hereby declare that there are no cases pending against me (Civil / criminal) and also that to the best of my knowledge no police case has been registered in my name. I also declare that I shall follow all security & safety guidelines including wearing helmet, seat belts, safety harness etc at all times while on duty.

I also declare that all the information provided by me in my resume and application for employment to Agency and its representative(s) is authentic & comprehensive and I understand that it is taken into account by Agency in making an appointment. I understand that I am liable for all inaccuracies, omissions or misleading information (if any) including suppression or information not supported by the evidence, in my application form which may subsequently render my contract of employment null and void and my employment shall come to an end with immediate effect from the time these come to light, without any notice or payment in lieu thereof.

Signature:

Date:



Composite Declaration Form - 11
 (To be retained by the employer for future reference)
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	
2	Father's Name	
	Husband's Name	
3	Date of Birth: (DD/MM/YYYY)	
4	Gender: (Male/Female/Transgender)	
5	Marital Status (Married/Unmarried/Widow/Widower/Divorcee)	
6	(a) Email ID:	
	(b) Mobile No.:	
7	Present employment details: Date of Joining in the current establishment (DD/MM/YYYY)	
8	KYC Details (attach self attested copies of following KYCs)	
	a) Bank Account No. :	
	b) IFS Code of the branch:	
	c) Aadhaar Number	
	d) Permanent Account Number (PAN), if available	
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952 (Yes/No)	
10	Whether earlier a member of Employees' Pension Scheme, 1995 (Yes/No)	
11	Previous employment details: (If Yes to 9 AND/OR 10 above) Un-exempted	
	Establishment Name	
	Establishment Address	
	Universal Account Number (UAN)	
	PF Account Number	
	Date of Joining (DD/MM/YYYY)	
	Date of Exit (DD/MM/YYYY)	
	Scheme Certificate No. (if issued)	
	PPO Number (if issued)	
Non-Contributory Period (NCP) Days		
12	Previous employment details: [if Yes to 9 AND/OR 10 above] - For Exempted Trusts	
	Name of the Trust	
	Address of the Trust	
	Universal Account Number (UAN)	
	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/No.)	
	b) If yes , State Country or Origin (India/Name of other Country)	
	c) Passport No.	
	d) Validity of Passport From (DD/MM/YYYY) To (DD/MM/YYYY)	

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorise 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 P.F. 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: _____

Place: _____

Signature of Member

DECLARATION BY PRESENT EMPLOYER

A The member Mr./Ms./Mrs. _____ has joined on _____ and has been allotted PF No. _____ 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 Aadhaar verified employees only. Other employees are requested to file physical claim (Form - 13) for transfer of account from the previous establishment.**

FORM 2 (Revised)

**NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/
EXEMPTED ESTABLISHMENTS**

**Declaration and Nomination Form under the Employees' Provident Funds and
Employees' Pension Scheme**

(Paragraphs 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension scheme, 1995)

- 1. Name (in Block letters) :
- 2. Father's/Husband's Name :
- 3. Date of Birth :
- 4. Sex :
- 5. Marital Status :
- 6. Account No. :
- 7. Address : Permanent :
- Temporary :

PART – A (EPF)

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 :

Name of nominee/ nominees	Address	Nominee's relationship with the member	Date of Birth	Total amount of share of Accumulations in Provident Fund to be paid to each nominee	If the nominee is a minor, name & relationship & address of the guardian whomay receive the amount during the minority of nominee
1	2	3	4	5	6

- 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.

x

X

Signature or thumb impression of the subscriber

*Strike out whichever is not applicable.

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.

S.No.	Name of the family member	Address	Date of Birth	Relationship with the member
1	2	3	4	5
1				
2				
3				
4				
5				
6				

** Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2(a)(i) and (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 the member
1	2	3
1.		
2.		
3.		
4.		

Date :

X

**Signature or thumb impression
of the subscriber**

Place :

**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 establishment after he/she has read the entries/entries have been read over to him/her

by me and got confirmed by him/her.

Place : _____

**Signature of the employer or other
Authorized Officers of the Establishment.**

Designation

Dated the : _____

**Name & Address of the Factory/
Establishment or Rubber Stamp Thereon**

UNDERTAKING

I Sri, S/o.....At.....,
Po....., Ps....., Block....., Dist.....
Pin....., having Aadhar number....., do hereby undertake
and state that, I do not have any police records/ criminal cases pending against me. If it is found
to be incorrect at anytime during my deployment, M/s Care Security and Allied Services shall
not be liable for any penalty and/or the consequences, which may arise out of it. I shall be
personally liable for all/any such consequences that may arise out of such police records/criminal
cases. In that event, both M/s Care Security and Allied Services and
..... shall be at liberty to take appropriate action against me
including the termination of the Agreement.

Signature of the applicant:

Date:

Place: