

BIO DATA

I Clean Services Pvt Ltd

3rd Floor, No. 29, Phonix Tower, Venkatesan St.,
West Tambaram, Chennai-600 045.Posted Unit... Pon Pure Logistics

Rank.....Category.....

Aadhar No. : 720145060342

PF / ESIC YES / No.

I.D. No. :

ESIC No. :

P.F. No. :

Name... ChandramohanDate of Birth Father's Name... Pachamuthu

Spouse Name.....

Mother's Name.....

Blood Group.....

PERMANENT ADDRESS

Village... Kondalam Patti

Contact No.....

Police station... Kondalam Patti

Post.....

PIN 636010

District.....

State.....

PRESENT ADDRESS

Village... Kondalam Patti

Contact No.....

Police station... Kondalam Patti

Post.....

PIN 636010

District.....

State.....

Contact No.....

EDUCATIONAL QUALIFICATION

Examination	Passing Year	Division	Special Qualification	NCC / Ex Service Man

Previous Experience : (if any)	Company Name	Designation	Work Period

Physical Standard : Height : Inches Weight : KG Chest (Nor)..... Expend.....

SALARY

CTC Including Bonus & Leaves Encashment per Month.....

BANK DETAILS

A/C Holder's Name.....

Bank Name.....

Signature of Candidate

Signature of Recruitment Officer

Signature of HR / Br. Head

OFFICIAL USE

Date of Joining :

Date of Reporting :

Uniform Issued : YES / No

Recruitment Amount Paid.....Due.....

Waist :Length : Shoe No.....

Document attached :-

(i) Voter ID Card (ii) Pan Card (iii) Ration Card



DECLARATION FORM

FORM - 1

Employer's Code No.

(A) Insured Person's Particulars

1 Insurance No.			
2 Name (in block capital)			
3 Father's/ Husband's Name			
4 Date of Birth	DD MM YY <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	5, Marital Status	M / U / W
		6. Sex	M / F
7 Present Address Pin : <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> e-mail address <div style="border: 1px solid black; width: 100px; height: 1.2em;"></div>		8. Permanent Address Pin : <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> e-mail address <div style="border: 1px solid black; width: 100px; height: 1.2em;"></div>	
Branch office:		Dispensary :	

(B) Employer's Particulars

10. Date of Appointment	Day	Month	Year
11. Name & Address of the employer			
12. In case of any previous employment please fillup the details as under:-			
Previous Ins. No.			
Empls. Code No.			
11. Name & Address of the employer			

(c) Details of Insured Person	Relationship with insured person	Address

I hereby declare that the above particulars have been given by me and are correct to the best of my knowledge and I belief. I also under take to intimate to the corporation any change in the membership of my family within 15 days of such change having occurred.

Counter Signature of the Employer

Signature with Seal

Signature / T.L. of I P

(D) FAMILY PARTICULARS OF INSURED PERSON

Sl. No.	Name	Date of Birth	Relationship with insured person	Whether residing with him/her or not YES / NO	If No, State place of Residence	
					TOWN	STATE
1						
2						
3						
4						
5						
6						
7						

ESI CORPORATION
Temporary Identity Card

Name			
Father's/ Ins. No. Husband's Name		Date of Entry	
Branch Office		Dispensary	
Name, Address & Code No. of the employer			

Valid for 3 months from the date of appointment

(Space for photograph)

Validity
Dated

Signature / T.L. of I P

Signature of B.M. with Seal

1. Name (IN BLOCK LETTERS) : _____
Name Father's Name / husband Name Surname

2. Date of Birth : _____ 3. Account No. _____

4. *Sex : MALE/FEMALE: _____ 5. Marital Status _____

6. Address Permanent / Temporary : _____

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.

[illegible]

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.

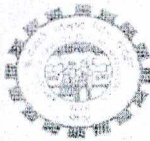
Strike out whichever is not applicable


Signature/or thumb impression
of the subscriber

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 premature death in service.

[illegible]



New Form No. 11 - Declaration Form
(To be retained by the Employer for future reference)

EMPLOYEES' PROVIDENT FUND ORGANIZATION

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 EPFS 1952 and/or EPS 1995 is applicable

1	Name of the Member	
2	Fathers' Name <input type="checkbox"/> Husband's Name <input type="checkbox"/> (Please tick whichever is applicable)	
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	Whether earlier a member of the Employees' Provident Fund Scheme, 1952 ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Whether earlier a member of the Employees' Pension Scheme, 1995 ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Previous employment details [If Yes to 7 &/or 8 above] a) Universal Account Number 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) No. (if issued)	
10	a) Internation Worker b) If yes, state country of origin (India/Name of other country) c) Passport No. d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	KYC Details (attach self attested copies of following KYCs) a) Bank Account No. & IFS Code b) AADHAR No. c) Permanent Account No. (PAN), if available	

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 PF 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 the Member

DECLARATION BY PRESENT EMPLOYER

A. The member Mr./Ms./Mrs.

and has been allotted PF Number

has joined on

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. Member ID as declared by member. Member ID as declared by member. 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 DSC and transfer request has been generated on port
☐ As the DSC of establishment are not registered with EPFO, the member has been informed to file physical claim (Form 13) for transfer of fu from his previous establishment.

Date:

Signature of Employer with Seal of Establishment

DECLARATION

I..... Chandramohan.....
Son / Daughter / wife of Shri..... Pachamuthu.....
Address..... 1/165 Mariyamman Kovil Street, Amani
Kondalampatti, Salem.....
Post Office..... Kondalampatti..... Police Station..... Kondalampatti.....
District..... Salem..... State..... Tamil Nadu..... Pin..... 636010

- 1.) Hereby declare that all the information stated by me true to best of my knowledge and I agree to abide by the rules and regulations of
2. I also understand that in the tenure of my services if my employer find / consider any act of mine as of misappropriation / misconduct or self is engaged in any union/group actives or vandalism of any kind, my services is liable to be terminated or penalized or both.
3. I shall neither seek nor derive any personal benefits of any transactions being carried out by me during the course of discharging my responsibilities.
4. I also understand that my services will be transferable and place of posting will be depend upon selection of companies customers.
5. if I will leave company without written to my office, the company is not liable to pay any dues/payments to me.
6. I will produce the police verification report within 90 days of completion of training of efface dismissal from service.
7. 30 Days' notice has to be given before resignation.



Signature of Candidate

CHANDRAMOHAN

Name in the Block Letter

Place :..... Salem.....

Date :..... 08.09.25.....

Contact No with STD Code :..... 8220836187.....

Reference Name & Contact No :..... 9659753230.....

Left Thump
Impression



Right Thump
Impression



Nomination Form for gratuity / Death Gratuity

I, having no family, hereby nominate the person/persons the payment of which may be authorized by the right to receive, to the extent specified below, any gratuity the payment of which may be authorized by the Central Government in the event of my death while in service and the right to receive on my death, to extent specified below, any gratuity which having become admissible to me on retirement may remain unpaid at my death.

Name and address of nominee / nominees	Relationship with the Government Servant	Date of Birth	Contingencies on the happening of which the nomination shall become invalid	Name, address, relationship and age of the person of persons, if any, to whom the right conferred on the nominee pre-deceasing the Government servant of the nominee dying after the death of the Government servant but before receiving payment of gratuity	Amount of share of gratuity payable to each
(1)	(2)	(3)	(4)	(5)	(6)

This nomination supersedes the nomination made by me earlier on which stands cancelled.

NOTE :

- (i) The Employee shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.
- (ii) Strike out which is not applicable.

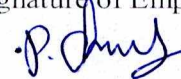
Dated this day to 20 at

Witnesses to Signature

1.

2.

Signature of Employee



To,

I Clean Services Pvt Ltd

3rd Floor, No. 29, Phonix Tower,
Venkatesan Street,
West Tambaram, Chennai-600 045.

SUB :- RESIGNATION LETTER

I chandramohan Son of pachamuthu
Employee ID/ID Card No. Designation / Rank
..... Employee of presently
performing duty at (Site).....w.e.f. (Date).....
I am not willing to work with the organization due to my personal reasons.

My Letter of resignation may please be accepted w.e.f. (Date)
and my due may please be cleared (if any)

Thanking You

Yours's Faithfully


Signature

(Name. Chandramohan)