JOINING REPORTS

(To be filled by the Candidate in his/her own handwriting)

CHECKLIST OF DOCUMENTS PRODUCED AT THE TIME OF JOINING

(To be filled by the HR Representative of BRLPS)

1. Call Letter (Verified at the Time of Documents Screening) ☐
2. Photo ID Proof (PAN/Aadhar/Voter ID/DL/Passport) ☐
3. Address Proof (Aadhar/Voter ID/DL/Passport) ☐
4. Two Passport Size Color Photograph ☐
5. Selection Category (Write in the Box) ☐
6. Caste Certificate (If apply other than UR) ☐
7. Domicile / Residential Certificate (If selection is other than UR category) ☐
8. Divyang Certificate (If claimed) ☐
9. FF Certificate (If claimed) ☐
10. Proof of Date of Birth (Matriculation Certificate) ☐
11. Educational Documents**:**
    - I. Matriculation Marksheet & Certificate ☐
    - II. Intermediate Marksheet & Certificate ☐
    - III. Graduation Marksheet & Certificate (If applicable) ☐
    - IV. Post- Graduation Marksheet & Certificate (If claimed) ☐
    - V. Any Professional Degree Marksheet & Certificate (If applicable for eligibility of the Position) ☐
12. Work Experience Documents (If working)
    - i) Organizational Experience Letter/Resignation Letter ☐
    - ii) If Working with BRLPS ☐
      Resignation Letter/Organization ID Proof/Last Month Salary Slip
13. Medical Fitness Certificate ☐
14. Self-Declaration for not receive or give Dowry ☐
15. Self-Declaration for not consuming Alcohol ☐

Signature of the Candidate

Name: .....

Date: .....

Signature of HR Representative

Name: .....

Post: .....

Emp. ID .....

Date: .....

Note: - Cross (X) for Not Submission, Tick (✔) for Submission, NA for Not Applicable and write Selection Category in **Sl. No. 5**

JOINING REPORT FORM

To,

The State Project Manager - HRD,
Bihar Rural Livelihoods Promotion Society,
Patna.

Subject: Joining Report

Sir,

With reference to your Letter No. ……(Appointment Letter No.)…….. dated……..…(Letter Issuing date)……., I ……..……(Name)……..……hereby report for joining as……..…(Designation)…….…….. at Bihar Rural Livelihoods Promotion Society (Jeevika), Vidyut Bhawan - II, Bailey Road, Patna, Bihar, Pin - 800021 on ……..……(date)……..…….. and I accept the terms and condition of the Society.

Yours faithfully,

Signature.....

Name.....

Date.....

Place.....

CANDIDATE INFORMATION FORM

1. Application Seq. ID .....

2. Name of the Candidate: .....

.....

3. Position : .....

Photo

4. Date of Birth / / 5. Gender …….....

6. Cast Category: UR ☐ SC ☐ ST ☐ BC ☐ EBC ☐ EWS ☐

7. Selection Category .....

8. Caste Certificate (If apply other than UR)

Caste:	Category:	Checked by (Name & Signature)
Issuing Authority & No.:	Date of Issue:	

9. Domicile / Residential Certificate (If selection is other than UR category)

Resident of:		Checked by (Name & Signature)
Issuing Authority & No.	Date of Issue:	

10. Divyang Certificate (If claimed) .....

11. FF Certificate (If claimed) .....

12. Parents / Spouse Details:

Details	Name	Occupation	Name of Employer (Pvt./PSU/Govt.)	Designation
Father				
Mother				
Spouse (If married)				

13. Permanent Address: .....

PO.: …….. PS.: …….. Block: ……..

District: ..... State: ..... Pin: ....

Phone with Code: ..... Mobile: +91 - ....

14. Present Address: ....

PO.: …….. PS.: …….. Block: ……..

District: .....State: .....Pin .....

Phone with code: .....Mobile: +91 -.....

E-Mail Address: ....

Date ..... Signature of Candidate

Candidate Information Form

15. Qualificatoin Details :

Sl No.	Qualification	Course Name (As it appear in Certificate) like B.A, M.B.A ect.	Mode of Course (Regular / Distance)	Name of Institute / College / University /	Type of Certification (Mark Sheet/Degree)	Certificate No./ Registration No.
1	Matriculation				1.Mark Sheet ☐	
					2.Certificate ☐	
2	Intermediate				1.Mark Sheet ☐	
					2.Certificate ☐	
3	Graduation				1.Mark Sheet ☐	
					2.Certificate ☐	
4	Post-Graduation				1.Mark Sheet ☐	
					2.Certificate ☐	

16. Experience Details (Current Working Experience Only) :

Sl No.	Organisation	Position & Emp. ID	Duration of Experience		Total Exp.			Name of Documents Submitted in support of Experience	Remarks
			From (DD-MM-YY)	To (DD-MM-YY)	Y	M	D		
A. Outside BRLPS: -									
1								1.Experience Letter/ Relieving Letter/ Resignation Letter ☐ 2.Salary Slip (Last Month) ☐	
B. Within BRLPS: -									
1								1.Experience Letter/ Relieving Letter/ Resignation Letter ☐ 2.Salary Slip (Last Month) ☐	

Signature of Candidate

Name:-

Checked by (Signature):-

Name:-

Designation

17. Nominee's Name with Relation (In case of death during service): -

a. Name-_____ DOB-_____ Relation-_____%_____

b. Name-_____ DOB-_____ Relation-_____%_____

c. Name-_____ DOB-_____ Relation-_____%_____

(Candidate can opt either percentage wise or can authorize single nominee 100%)

18. References:

Ref. - 1 (Name, Address, Contact No. & email)	Ref. - 2 (Name, Address, Contact No. & email)

19. Self-Declaration for not receive or give Dowry: .....

20. Self-Declaration for not consuming Alcohol: .....

I .....

S/O / W/O / D/O ..... certify that information furnished above by me is true and correct to the best of my knowledge and belief. If at any stage of my service, any Information furnished above is found wrong / incorrect / not disclosed / false, my service may be terminated from Bihar Rural Livelihoods Promotion Society with immediate effect.

Date: Signature of Candidate

Place:

DETAILS FOR MEDICLAIM POLICY

A. Employee Details

1. Application Seq. ID : .....
2. Full Name of Employee : .....
3. Designation : .....
4. Date of Birth : ...../...../.....
5. Date of Joining : ...../...../.....
6. Gender : .....

B. Dependent's Details

1. Spouse Name : .....
   Date of Birth : ...../...../.....
   Occupation : .....

(First 02 Living Children are only Admissible)

2. 1st Child Name : .....
   Son / Daughter : .....
   Date of Birth : ...../...../.....
   Occupation : .....
3. 2nd Child Name : .....
   Son / Daughter : .....
   Date of Birth : ...../...../.....
   Occupation : .....
4. Employee Father's Name : .....
   Date of Birth : ...../...../.....
   Occupation : .....
5. Employee Mother's Name : .....
   Date of Birth : ……/...../.....
   Occupation : .....

I hereby declare that the information furnished above is true and correct to the best of my knowledge. If at any point of time it is found that statement or particulars given above are incorrect, Bihar Rural Livelihoods Promotion Society shall have no liability under this insurance in respect of myself and my family members proposed for insurance.

Place Date

Supervisor's Name Employee's Name

Signature Signature

FORM - 2 (REVISED)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED /EXEMPTED ESTABLISHMENTS

Declaration and I\Nomination Form under the Employee's Provident Funds and Employee's pension Scheme

(Paragraphs 33 & 61 (1) of the Employees' Provident Fund Scheme,1952 and Paragraph 18 of the Employee's 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. (UAN No.) :
7. Date of Joining :
8. 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 **Employee's 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 accumulation in provident fund to be paid to each nominee	If the nominee is minor. name & relationship 8 address of the guardian who may receive the amount during the minority of the nominee
1)					
2)					
3)					
4)					

1. *Certified that I have no family as defined in para 2(g) of the Employee's 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.

Signature or thumb **impression of the subscriber**

strike out whichever is not applicable

Part - B (EPS) (Para 19)

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 & Address of of the family member		Date of Birth	Relationship with member
	Name	Address		
1	2	3	4	5
1.				
2.				
3.				
4.				

"*Certified that I have no family as defined in para2 (vii) of Employee's 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 & Address of the Nominee	Date of Birth	Relationship with member
1	2	3

Date:.....

"Strike out whichever is not applicable

Signature or thumb impression of the subscriber

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 and got confirmed by him /her.

Place. .....

Signature of the employer or other Authorized office of the Establishment

Designation .....

Date the: .....

Name &Address of the factory / Establishment or rubber stamp thereof

FORM 'F'

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

NOMINATION FORM FOR GRATUITY UNDER THE PAYMENT OF GRATUTY ACT,1972

TO,

BIHAR RURAL LIVELIHOODS PROMOTION SOCIETY (JEEVIKA) PATNA.

1. Shri/Shrimati/Kumari ……, 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 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 dependent on me.
(b) my husband s father's 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 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 (DOB)	Proportion by which the gratuity will be shared

Date **Signature of the employee**

Note: - Definition of "Family" under the Gratuity Act, 1972, Section 2(h) of the Scheme,
For a male/female employee: -

- Husband/Wife
- Children (married or unmarried)
- Dependent parents
- Dependent parents of his/her wife/husband
- Widow and children of his/her predeceased son

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 (Staff ID), If any :**
7. **Date of appointment :**
8. **Permanent Address**

Village…… Thana ……Sub-division……

District …….. State ……Pin code …….

Place ……..

Date …… Signature of the employee

Declaration by witnesses

Nomination signed before me.

Name in full and full address of witnesses	**Aadhar No**	**Signature of witnesses.**
1.		**1.**
2.		**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 authorized
Designation
Date
Name & address of the establishment or rubber stamp thereof.

Acknowledgement by the employee

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

Date Signature of the employee

स्व-घोषणा पत्र (Self-declaration) दहेज के संबंध में

मैं _____ पिता _____ का पुत्र/पुत्री जिला _____ का निवासी यह घोषणा करता/करती हूँ कि मैं दहेज प्रथा के खिलाफ हूं और विवाह में किसी भी प्रकार का दहेज न तो लूंगा/लूंगी और न ही दूंगा/दूंगी। मैं यह भी घोषणा करता/करती हूं कि मेरे परिवार का कोई सदस्य भी विवाह में दहेज की मांग नहीं करेगा/करेगी। मैं दहेज प्रथा को एक सामाजिक बुराई मानता/मानती हूं और इसके खिलाफ हूं।

नाम-

हस्ताक्षर-

दिनांक-

नशा-विरोधी घोषणा पत्र

मैं _____ पिता _____ का पुत्र/पुत्री शराब का उपयोग करने, उसके प्रभाव में रहने, उसे रखने, उपलब्ध कराने, वितरित करने, बेचने, रखने की साजिश रचने, शराब की बिक्री या वितरण की श्रृंखला में शामिल होने से परहेज करूंगा/करूंगी।

नाम-

हस्ताक्षर-

दिनांक-