

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 | ☐ |
| 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) | <input type="text"/> |
| 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 (If claimed) | ☐ |
| V. Any Professional Degree (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 RAM KUMAR..... (Name)..... hereby report

for joining as BLOCK PROJECT MANAGER..... (Designation)..... at Bihar Rural Livelihoods

Promotion Society (Jeevika), Vidyut Bhawan - II, Bailey Road, Patna, Bihar,

Pin - 800021 on 05-08-2026..... (date)..... and I accept the terms and

condition of the Society.

Yours faithfully,

Signature.....

Name..... RAM KUMAR.....

Date..... 05-08-2026.....

Place..... PATNA.....

CANDIDATE INFORMATION FORM

1. Application Seq. ID 201338882
2. Name of the Candidate: RAM KUMAR
3. Position : BLOCK PROTECT MANAGER
4. Date of Birth 20 / 11 / 1996 5. Gender MALE
6. Cast Category: UR ☐ SC ☐ ST ☐ BC ☒ EBC ☐ EWS ☐
7. Selection Category UR
8. Caste Certificate (If apply other than UR)

Caste: <u>KURMI</u>	Category: <u>BC</u>	Checked by (Name & Signature)
Issuing Authority & No.: <u>S.D.O, 1246527xx</u>	Date of Issue: <u>02-04-26</u>	

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

Resident of: <u>BIHAR</u>	Checked by (Name & Signature)
Issuing Authority & No. <u>C.O, 129645xx</u>	
Date of Issue: <u>10-04-26</u>	

10. Divyang Certificate (If claimed) N:A

11. FF Certificate (If claimed) N:A

12. Parents / Spouse Details:

Details	Name	Occupation	Name of Employer (Pvt./PSU/Govt.)	Designation
Father	SHYAM KUMAR	SERVICE	Govt.	ACCOUNTANT
Mother	GEETA KUMARI	HOUSE WIFE	-	-
Spouse (If married)	RITU	TEACHER	Govt	TEACHER

13. Permanent Address: RAM NAGAR

PO: PATLIPUTRA PS: PATLIPUTRA Block: PATNA SADAR

District: PATNA State: BIHAR Pin: 800001

Phone with Code: Mobile: +91 - xxxxx4261

14. Present Address: SAME AS ABOVE

PO: PS: Block:

District: State: Pin:

Phone with code: Mobile: +91 -

E-Mail Address: xxxxx@gmail.com

Date 05-08-2026

Signature of Candidate

Candidate Information Form

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	MATRIC	REGULAR	B. S. E. B	1.Mark Sheet ☒	
					2.Certificate ☒	
2	Intermediate	I. Sc	REGULAR	B. S. E. B	1.Mark Sheet ☒	
					2.Certificate ☒	
3	Graduation	B.A	REGULAR	MAGADH UNIVERSITY	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) ☐	
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B. Within BRLPS: -

1	BRLPS	AREA COORDINATOR	25-10-20	TILL DATE	4	9	20	1.Experience Letter/ Relieving Letter/ Resignation Letter ☒ 2.Salary Slip (Last Month) ☒	
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Signature of Candidate

Name:- RAM KUMAR

Checked by (Signature):-

Name:-

Designation

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

- a. Name- RITU DOB- 20-11-2000 Relation- WIFE % 50
b. Name- SHYAM KUMAR DOB- 12-04-1970 Relation- FATHER % 25
c. Name- GEETA KUMARI DOB- 22-07-1974 Relation- MOTHER % 25
(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)
<u>SUNIL KUMAR</u> <u>HANUMAN NAGAR</u> <u>KANKARBAGH, PATNA -</u> <u>800020</u> <u>xxxxxx 46981</u> <u>xxxxx @gmail. Com</u>	<u>PRABHAT KUMAR</u> <u>INDRAPURI</u> <u>PATNA - 800024</u> <u>xxxxxx 92756</u> <u>xxxxx @gmail. Com</u>

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

20. Self-Declaration for not consuming Alcohol:

I RAM KUMAR

S/O / ~~W/O~~ / ~~D/O~~ SHYAM KUMAR 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: 05-08-2026

Signature of Candidate

Place: PATNA

DETAILS FOR MEDICLAIM POLICY

A. Employee Details

1. Application Seq. ID : 201338882
 2. Full Name of Employee : RAM KUMAR
 3. Designation : BLOCK PROTECT MANAGER
 4. Date of Birth : 20 / 11 / 1996
 5. Date of Joining : 05 / 08 / 2026
 6. Gender : MALE

B. Dependent's Details

1. Spouse Name : RITU
 Date of Birth : 20 / 11 / 2000
 Occupation : TEACHER

(First 02 Living Children are only Admissible)

2. 1st Child Name : SHREYAS KUMAR
 Son / Daughter : SON
 Date of Birth : 15 / 08 / 2021
 Occupation : STUDENT
 3. 2nd Child Name : SHAMBHAVI
 Son / Daughter : DAUGHTER
 Date of Birth : 25 / 10 / 2024
 Occupation : STUDENT
 4. Employee Father's Name : SHYAM KUMAR
 Date of Birth : 12 / 04 / 1970
 Occupation : GOVT. SERVICE
 5. Employee Mother's Name : GEETA KUMARI
 Date of Birth : 22 / 07 / 1974
 Occupation : HOUSE WIFE

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 **PATNA**

Date **05-08-2026**

Supervisor's Name

Employee's Name **RAM KUMAR**

Signature

Signature

FORM - 2 (REVISED)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED /EXEMPTED ESTABLISHMENTS

Declaration and 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) : **RAM KUMAR**
2. Father 's/Husband's Name : **SHYAM KUMAR**
3. Date of Birth : **20.11.1996**
4. Sex : **MALE**
5. Marital Status : **MARRIED**
6. Account No. (UAN No.) :
7. Date of Joining : **05.08.2026**
8. Address -
Permanent : **RAM NAGAR - PATNA**
- Temporary : **SAME AS ABOVE**

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 & address of the guardian who may receive the amount during the minority of the nominee
1) RITU	RAM NAGAR PATNA	WIFE	20.11.2000	100%	
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.	RITU	RAM NAGAR-PATNA	20.11.2000	WIFE
2.				
3.				
4.	(For Married applicant)			

**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

(For Unmarried applicant)

Date: 05.08.2026

"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 GRATUITY ACT, 1972

TO,

BIHAR RURAL LIVELIHOODS PROMOTION SOCIETY (JEEVIKA) PATNA.

1. Shri/Shrimati/Kumari RAM KUMAR, 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
RITU	WIFE	20.11.2000	100%

Date 05.08.2026

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 : RAM KUMAR
2. Sex : MALE
3. Religion : HINDU
4. Whether unmarried/married/widow/widower : MARRIED
5. Department/Branch/Section where employed : DPCU/BPIU
6. Post held with Ticket or Serial No (Staff ID), If any :
7. Date of appointment :
8. Permanent Address
Village...RAM NAGAR..... Thana...PATLI PUTRA.....Sub-division...PATNA
District...PATNA..... State...BIHAR.....Pin code...800001
Place...PATNA.....
Date...05.08.2026.....

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. MOHAN KUMAR PATNA	XXXX 1012	1. Mohan Kumar
2. GEETA KUMARI PATNA	XXXX 1625	2. Geeta Kari

Place...PATNA.....
Date...05.08.2026.....

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.

Date

Signature of the employer
Officer authorized
Designation
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