

Annexure 1

(Ref Para 5(a) of this document)

INDEX NO _____**NCC DTE** _____**DATE & PLACE OF HIRING :** _____**ONLINE APPLICATION: HIRING OF ESM**

1.	No			
2.	Rank			
3.	Name			
4.	Unit			
5.	Date of Birth			
6.	Date of Retirement			
7.	Record Office			
8.	Regn No with any ESM placement agency (If any)			
9.	Medical Category at the time of discharge medical			
10.	Height(in cms)			
11.	Weight(in kgs)			
12.	Served in NCC (Yes/ No)			
13.	Courses Attended :-			
	Name of Course	Yes/ No	Institution/ Year	Grading Obtained
(a)	<u>Army Courses</u>			
	Platoon Commander Courses.			
	Section Commander Course & equivalent			
	Ghatak Course			
	Drill Course			
	Weapon Training Course			
	Mortar Course			
	MMG & AGL Course			
	Anti Tank Course			
	All Arms Signal Course			
	LDCT/LGSC/UI Course			
	Troop Commander Course & equivalent			
	ATGM Course			

	Name of Course	Yes/ No	Institution/ Year	Grading Obtained
	Sniper Course			
	ADP Course			
	D&M Course			
	QM Course			
(b)	<u>Civil Courses</u>			
	Matric			
	Graduate			
	Post Graduate			
	Doctorate			
	<u>IT Proficiency/Courses</u>			
	IT Course/ Proficiency (Mention details of course)			
11.	<u>Honours & Awards</u>			
	Honours & Awards	Yes/ No	No of Times Awarded with Year	
	Chakra series, SM(Gallantry)			
	Distinguished Awards (SM, VSM, AVSM, PVSM)			
	Commendation Card			
12.	<u>Sports:-</u>			
	Level of Achievement	Yes/ No	Specify Details	
	(a) Participation in National events			
	(b) Participation in International events			
13.	<u>Whether served in Cat A/ Cat B/ NCC as Instructor</u>			
	Name of Institute	Type (A/B)	Appointment	Duration
14.	<u>Foreign Mission</u>			
	Type		Duration	Location
	With unit			
	Individually (Mention unit)			

15.	<u>Discipline</u>			
	Type	No of times Awarded	Army Act/ Rules	
	More than one red ink entry in entire service			
	Red ink entry in last 5 yrs			
16.	<u>Address</u>			
	Permanent			
	Present			
	Correspondence			
17.	Mob No			
18.	WhatsApp No			
19.	e-Mail ID			
20	<u>Choice for Posting</u>			
	(a) Choice of State (Any Three)			
	(b) Choice of District (Any three for each state)			

(Signature of Applicant)

DECLARATION

1. I, No _____, _____ (Rank) _____ (Retd),
s/o _____ hereby declare that the info provided in the above
application is true to the best of my knowledge.

2. I understand that any data/ info/ docu proof submitted by myself found untrue at any
later stage will render my employment to be terminated.

Date :

(Signature of Applicant)

Place :

Annexure 2

(Ref Para 22 of this document)

New Form No-11 Declaration Form

(To be retained by the employer for future reference)

EMPLOYEE'S PROVIDENT FUND ORGANISATION

Employee's Provident Funds Scheme, 1952 (Paragraph 34 & 57) &

Employee's 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 <input type="checkbox"/> Spouse'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) E-Mail Id : (b) Mobile No :	
7.	Whether earlier a member of Employee's Provident Fund Scheme 1952	Yes / No
8.	Whether earlier a member of Employee's Pension Scheme 1995	Yes / No
9.	Previous Employment details : (If Yes to 7 AND / 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) International 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)	
11.	KYC Details : (Attach Self Attested copies of following KYCs)	
	(a) Bank Account No. & IFS Code	
	(b) Aadhar Number	
	(c) PAN No (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 on/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. (The transfer would be possible only if the identified KYC details 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 :

(Signature of Member)

Place :

DECLARATION BY PRESENT EMPLOYER

A. The member Mr / Ms / Mrs has joined on and has been allotted PF Number

B. In vase the person was earlier not a member of EPF Scheme, 1952 and EPF, 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.

- **Please Tick the Appropriate Option :-**

☐ The KYC details of the above member in the : UAN database have been approved with Digital Signature Certificate and transfer request has been generated on portal.

☐ As the DSC of establishment are not registered with EPFO, the member has been informed to file physical claim (Form-13) for transfer of funds from his previous establishment.

Date :

(Signature of Employer with Seal of the Establishment)

Annexure 3

(Ref Para 23 of this document)

DECLARATION OF INSURANCE

1. I, No _____, _____(Rank) _____ (Retd),
s/o _____ hereby declare that I have subscribed for Extended
Insurance by Army Group Insurance Fund and am covered for insurance under the said
scheme for the duration of the contract.

2. I fully understand that I will not be liable to any claim for insurance whatsoever, should
this info be found incorrect at any point of time and I shall not take any legal course of action
under the circumstances arising thereon.

Date :

(Signature of Applicant)

Place :