

Joining Report

To :

The Project Manager

Jyoti Structures Ltd.

Sub. : Joining Report

Dear Sir,

With reference to your Appointment Letter / Offer Letter / Transfer Order No. JS/HR/offer/180/  
2025-26 Dated 01/07/2025.

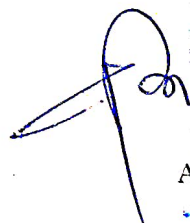
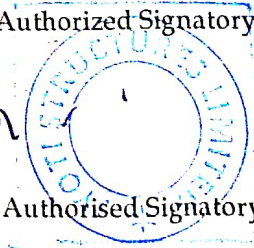
I, Bohar Singh Chaudhary have joined my duty at  
project site / project office at F3 B3, Phalodi as Sr Safety officer  
on date 08/07/2025.

I hereby declare that the terms and conditions mentioned therein are accepted to me and I  
report for duty.

This is for your information and necessary action please.

Yours faithfully,

  
Signature

   
Authorized Signatory  
Authorised Signatory

Name : -----

Address / Seal of Office / Site



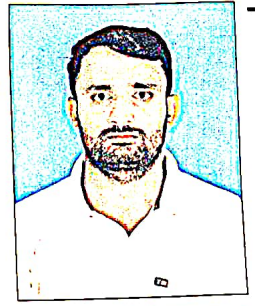
# Jyoti Structures Limited

## Application for Employment / Personal Data

(To be filled in CAPITAL letters)

Post Applied For : Senior Safety officers.

### Personal Information:



1. Title : Mr/Mrs/Miss/Ms/Dr/Other : Mr. Gender : ☒ Male / ☐ Female

2. Full Name (In Block Letter) :

Bohar Singh  
(Surname)

Choudhary,  
(First Name)

IDAN RAM CHAUDHARY  
(Fathers Name)

3. Address:

i) Present/Temporary/Company Quarter

C/o. \_\_\_\_\_, House No. 18

Area/Locality : Lilala Baytu, Landmark : \_\_\_\_\_

Post Office : Baytu, City/Tehsil : Baytu, PIN Code : 344034

District : Barmer, State : Rajasthan, Mobile No. 9828989916

Landline No. (with STD Code) \_\_\_\_\_ Mail id : BoharSinghkarwasary@gmail.com

ii) Permanent : If same as above : \_\_\_\_\_ (Put tick) and if No - give details.

C/o. \_\_\_\_\_, House No. \_\_\_\_\_, Street : \_\_\_\_\_

Area/Locality : \_\_\_\_\_, Landmark : \_\_\_\_\_

Post Office : \_\_\_\_\_, City/Tehsil : \_\_\_\_\_, PIN Code : \_\_\_\_\_

District : \_\_\_\_\_, State : \_\_\_\_\_, Mobile No. : \_\_\_\_\_

Landline No. (with STD Code) \_\_\_\_\_ Mail id : \_\_\_\_\_

iii) In case of Emergency : If same as above, whether Present or Permanent and If No - give details

C/o. \_\_\_\_\_, House No. \_\_\_\_\_, Street : \_\_\_\_\_

Area/Locality : \_\_\_\_\_, Landmark : \_\_\_\_\_

Post Office : \_\_\_\_\_, City/Tehsil : \_\_\_\_\_, PIN Code : \_\_\_\_\_

District : \_\_\_\_\_, State : \_\_\_\_\_, Mobile No. : \_\_\_\_\_

Landline No. (with STD Code) \_\_\_\_\_ Mail id : \_\_\_\_\_

4. Date Of Birth (DD/ MM / YYYY) : 13.09.1995 5. Age : 30 6. Place of Birth : Lilala Baytu

7. Religion : Hindu 8. Caste/Community : GEN/OBC/SC/ST/Others : \_\_\_\_\_ 9. Blood Group : B+

10. PAN No. : BYGP6494P 11. Passport No. : \_\_\_\_\_ 12. UID No. : \_\_\_\_\_

13. Height : 1.72cm 14. Weight : 67 Kgs 15. Shoe Size : 9

16. Marital Status : Married / Unmarried, If married - Date of Marriage : Unmarried

17. Identification Mark : A SCAR ON FOREHEAD Right toe nail Damage

18. If Physically Challenged : Severely (above 50%) / Partially (below 50%) & Type (Handicapped) : Orthopedic / Hearing / Visually

## 19. Educational Details :

Sr No	Qualification	Name & Place of School/Board/College/University	Period From	Period To	% / Class / Div.	Part / Full Time
1	10 <sup>th</sup>	RBSE	2011	2012		Full Time
2	Diploma in mechanical	Board of Technical Education up	2012	2015		Full Time
3	Diploma Fire & Pacific University Udaipur Raj.		2015	2016		Full Time
4	ADIS	MSBTE	2022	2023		Full Time
5						

Other Qualification : \_\_\_\_\_

## 20. Languages Known : (Put Tick for Selection)

Sr No	Language	Speak	Read	Write
1	ENGLISH	Yes	Yes	Yes
2	HINDHI	Yes	Yes	Yes
3				
4				
5				

## 21. Previous Employment

Sr No	Name of the Employer	Last Designation	CTC	Period From	Period To	PF / ESIC No.
1	Bohar Singh	Safety Officer	55083/-	01.06.2023	01.07.2025	
2	Bohar Singh	Safety Officer	38,000/-	01.07.2021	30.06.2022	
3	Bohar Singh	Safety Supervisor	28,000/-	1.12.2017	31.12.2020	
4						
5						

## 22. Family Details:

Sr No	Name	Relation	Date of Birth	Nomination in %			
				DRF	PF & FPF	Gratuity	SA
1	Shreeam devi	Mother	01.01.1965				
2	Harith chandry	Brother	01.01.1990				
3							
4							
5							

DRF : Death Relief Fund, SA : Superannuation



23. Reference Details - at least two (should not be a relative) :

Reference # 1

C/o. \_\_\_\_\_ House No. 12  
Area/Locality: Kawas Barmer Landmark: \_\_\_\_\_  
Post Office: Kawas City/Tehsil: Barmer PIN Code: 344035  
District: Barmer State: Rajasthan Mobile No.: 8114479162  
Landline No. (with STD Code) \_\_\_\_\_ Mail id: \_\_\_\_\_

Reference # 2


C/o. \_\_\_\_\_ House No. 15  
Area/Locality: Baldev ngr, Barmer Landmark: \_\_\_\_\_  
Post Office: Barmer City/Tehsil: Barmer PIN Code: 344031  
District: Barmer State: Rajasthan Mobile No.: 7340504989  
Landline No. (with STD Code) \_\_\_\_\_ Mail id: \_\_\_\_\_

24. Salary Bank Account Details: (\*Note: Please attach cancel cheque)

Sr No	Bank Account No	Bank Name	Branch	Full Address	IFSC Code
1	61178309975	SBI	Baytu Barmer	Baytu Barmer	SBIN0031352

I hereby declare that to the best of my knowledge all the foregoing information are true and correct. I agree that any misrepresentations by me is sufficient cause for immediate dismissal

Date: 08.07.2025  
Place: \_\_\_\_\_

  
Signature of Applicant

----- FOR OFFICE USE ONLY -----

Employee Code: 15/HR/offer/180 Date of Joining: 08.07.2025  
Employee Name: BOHAR SINGH SHARMA  
Designation: Senior Safety Officer Grade: \_\_\_\_\_ Department: EHS  
Place of Posting: phalodi Immediate Reporting: EHS Lead  
PF No. Allotted: \_\_\_\_\_ ESIC No. allotted: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Authorised Signatory  
Unit Head / HOD / Site In Charge / Accountant

Authorised Signatory  
Human Resources



New Form : 11 - Declaration Form  
(To be retained by the employer for future reference)

## EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Fund Scheme, 1952 (Paragraph 34 & 57) and  
Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up Employment in any Establishment on which EPF Scheme, 1952 and for EPS, 1995 is applicable)

1.	Name of Member (Aadhar Name)		BOHAR SINGH CHAUDHARY			
2.	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever applicable)		IDAN RAM CHAUDHARY			
3.	Date of Birth (dd/mm/yyyy)		13.09.1995			
4.	Gender (Male / Female / Transgender)		Male			
5.	Marital Status ? (Single/Married/Widow/Widower/Divorcee)		Single			
6.	(a) eMail ID		BoharSinghChaudhary@gmail.com			
	(b) Mobile No (Aadhar Registered)		9828989916			
7.	Whether earlier member of the Employee's Provident Fund Scheme, 1952 ?		Yes / No			
8.	Whether earlier member of the Employee's Pension Scheme, 1995 ?		Yes / No			
9.	Previous Employment details ? (If Yes, 7 & 8 details above)					
	a) Universal Account Number (UAN)		10186144953			
	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) (If issued)					
10.	a) International Worker		Yes / No			
	b) If Yes, state country of origin (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 KYC's)		Must Enclose Scan copy for the following documents			
	a) Bank Account No. & IFS Code		61178309975			
	b) AADHAR Number		652548876117			
	c) Permanent Account Number (PAN), If available		B44PC6494P			
12.	First EPF Member Enrolled Date	First Employment EPF Wages	Are you EPF Member before 01/09/2014	If Yes, EPF Amount Withdrawn?	If Yes, EPS (Pension) Amount Withdrawn?	After Sep 2014 earned EPS (Pension) Amount Withdrawn before Join current Employer?
			Yes / No	Yes / No	Yes / No	Yes / No

### UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge
- 2) I authorise EPFO to use my Aadhar for verification / authentication / eKYC purpose for service delivery
- 3) Kindly transfer the fund 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 details approved by previous employer has been verified by present employer using his Digital Signature)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date :

Place :

Harsun

Signature of Member

### DECLARATION BY PRESENT EMPLOYER

- A. The member Mr./Ms./Mrs. .... Has joined on ..... and has been allotted PF Number .....
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995: ((Post allotment of UAN) The UAN allotted to the member is)  
Please Tick the Appropriate Option : The KYC details of the above member in the JAN 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 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 Establishment

**EMPLOYEE PROVIDENT FUND ORGANISATION**  
**(FORM 2 REVISED)**

NOMINATION AND DECLARATION FORM UNDER THE EMPLOYEES PROVIDENT FUNDS AND EMPLOYEES PENSION SCHEMES  
(PARAGRAPH 33 NAD 61 (I) 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
5. Address (Temporary)
  
6. Address (Permanent)

101186144953

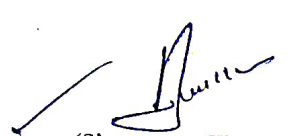
BOHAR SINGH CHAUDHARY Account No: 6478309975  
MANRAM CHAUDHARY  
13.09.1995 Marital Status unmarried. 4. Sex MALE  
Lilala Baytu Barmer Rajasthan-344034

**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 the Nominee	Address	Nominee's Relationship with Member	Date of Birth	Total Amount or Share of Accumulations in Provident Funds to be paid to each nominee	If the Nominee is Minor Name & Address of the gurdian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
<u>Sheemon dasi</u>	<u>Lilala Baytu Barmer Raj.</u>	<u>Mother.</u>	<u>01.01.1965</u>	<u>100 %</u>	<u>100.</u>

1. Cetify that I have no family as defined in para (g) of the Employees Provident Fund Scheme 1952 and should I acquire a Family hereafter the above nomination should be deemed as cancelled.
2. Ceritifed that my Father / Mother is / are dependent upon me.

  
(Signature or Thumb impression of 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 / Child Pension in the event of my Premature Death in Service.

S.No.	Name	Address of the Family Member	Date of Birth	Relationship with Member
1	2	3	4	5
1	Heeman devi	Lilala Baytu Barmmer	01.01.1965	mother
2	Harish chandoy	Lilala Baytu Barmmer	01.01.1990	Brother
3				
4				
5				

Certified that I have no family as defined in para 2 (VII) of the Employees's Family Pension Scheme 1995 and should I acquire a family hereafter I shall furnish particulars there on in the above form.

I hereby nominate the following person for receiving the monthly family Pension (admissible under para 16 (2) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

NAME AND ADDRESS OF NOMINEE	DATE OF BIRTH	RELATIONSHIP WITH MEMBER
Heeman devi Lilala Baytu Barmmer Dajasthan - 344634	01.01.1965	mother.

Date



(Signature or Thumb impression of Subscriber)

Strike out whichever is not applicable.

## (CERTIFICATE BY THE EMPLOYER)

Certified that the above Declaration & Nomination has been signed/thumb Impressed before me by Mr./Miss/Mrs.

employed in my establishment after He / She has read the entries / the entries have

been read over to Him / Her by me and got confirmed by Him / Her.

Date

(Signature of the Employer or other Authorised Officer of the establishment)

Date

Name and Address of the Factory / Establishment (With Rubber Stamp)

Note : To whom can be nominate by subscriber -

1. In the case of Male Member his wife, his childrens, his dependent parents, his deceased sons's widow & childrens.
  2. In the case of Female Member her husband, her childrens, his dependent parents, her deceased sons's widow & childrens.
  3. If subscriber does not have any family, in that case He / She can nominate any person (s) or any institution, whether that relate or not to him / her. and if subscriber acquire a family then the nomination will be deemed as cancelled.
- In that case subscriber should nominate his / her family members.



भारतीय स्टेट बैंक  
STATE BANK OF INDIA

Branch: BAITU

Code: 31352

Email: sbi.31352@sbi.co.in

Phone No.: 241121

IFSC: SBIN0031352

Buss. Hrs: 10:00:00-16:00:00

MICR: 344002011

Name: MS. BOHAR SINGH

S/D/H/o : AAIDAN RAM

CIF Number : 71162502532

Account No.: 61178309975

A/c Type : BASIC SAVINGS BANK ACCOUNT

Address : SO AAIDAN RAM

LILANA

BAITU

Phone No. :

Email :

D.O.B. (If Minor):

MOP: SINGLE

A/c Opening Dt: 08/02/2013

Nom Reg No:

Customer's PAN:

Date of Issue: 30/03/2021

CONTINUATION

शाखा प्रबंधक  
BRANCH MANAGER