

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 Chauhan have joined my duty at
project site / project office at F3 B3, Phalodi as Mr. 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



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 officer.



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 : 324034

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

Landline No. (with STD Code) _____, Mail id : Boharsingh12rvarwari@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. : BYGPGC6494P 11. Passport No. : _____ 12. UID No. : _____

13. Height : 1.72 CM 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 th	RBSE	2011	2012		Full Time
2	Diploma in mechanical	Board of Technical Education up	2012	2015		Full Time
3	Diploma fire/s	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)

Known Languages (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

Previous Employment						
Sr No	Name of the Employer	Last Designation	CTC	Period From	Period To	PF / ESIC No.
1	Rohar Singh	Safety Officer	55083/-	01.06.2023	01.07.2025	
2	Rohar Singh	Safety Officer	38,000/-	01.01.2021	30.06.2022	
3	Rohar Singh	Safety Supervisor.	28,000/-	01.12.2017	31.02.2020	
4						
5						

1

1

Sr No	Name	Relation	Date of Birth	Nomination in %			
				DRF	PF & FPF	Gratuity	SA
1	Shreemani Devi	Mother	01.01.1965				
2	Harrish Chandra	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. _____

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

Reference # 2

C/o. _____

Area/Locality : Balden ngor, Barmer House No. — 15
 Post Office : Barmer Landmark : _____
 District : Barmer City/Tehsil : Barmer PIN Code : 344035
 Landline No. (with STD Code) _____ State : Rajasthan Mobile No. : 7340504989
 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/Officer/180

Date of Joining : 08.07.2025

Employee Name : ROHAN SINGH CHAUDHARY

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)		BHAR SINGH CHAUDHARY			
2.	Father's Name <input type="checkbox"/>	Spouse's Name <input type="checkbox"/>	DAN 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		Bharsinghchaudhary@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)		101186144953			
	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 KYCs)		Must Enclose Scan copy for the following documents			
	a) Bank Account No. & IFS Code		61178309975			
	b) AADHAR Number		GS2548876117			
	c) Permanent Account Number (PAN), If available		B49PC6494P			
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

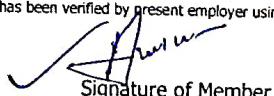
UNDERTAKING

- Certified that the particulars are true to the best of my knowledge
- I authorise EPFO to use my Aadhar for verification / authentication / eKYC purpose for service delivery
- 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)
- In case of changes in above details, the same will be intimated to employer at the earliest.

Date :

Place :

HarSum


Signature of Member

DECLARATION BY PRESENT EMPLOYER

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

<input type="checkbox"/> Have not been uploaded	<input type="checkbox"/> Have been uploaded but not approved	<input type="checkbox"/> Have been uploaded and approved with DSC
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- In case the person was earlier a member of EPF Scheme, 1952 and EPS 1995;

<input type="checkbox"/> 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	<input type="checkbox"/> 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.
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Date :

Signate 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
4. Address (Temporary)

5. Address (Permanent)

BOHAR SINGH CHAUDHARY Account No. 101186144953
MANRAM CHAUDHARY 6178309975
13.09.1995 Marital Status Unmarried. 4. Sex MALE

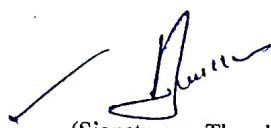
Lilal Bajtu Bamer Rajasthan - 346034

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 guardian who may receive the amount during the minority of the nominee
1	2	3	4	5	6
Jheemon Devi	Lilal Bajtu Bamer Raj.	Mother	01.01.1965	100%	100

1. Certify 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. Certified 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	Sheeman devi	Lila Baytu Barmar	01.01.1965	mother
2	Harish chanday	Lila Baytu Barmar	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
Sheeman devi Lila Baytu Barmar Raj asthan - 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 son's widow & childrens.
2. In the case of Female Member her husband, her childrens, his dependent parents, her deceased son'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
BAITU

Branch: BAITU Code: 31352

Email: sbi.31352@sbi.co.in

Phone No.: 241121

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

IFSC: SBIN0031352

MICR: 344002011

Name: MS. BOHAR SINGH

S/D/H/O : AVIDAN RAM

CIF Number : 71162502532

Account No.: 61178309975

A/c Type : BASIC SAVINGS BANK ACCOUNT

Address : SO AVIDAN 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