

## 17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*			
NPR/AADHAAR			
PERMANENT ACCOUNT NUMBER (PAN)	Jaiveer Singh	CHVPJ9466M	
PASSPORT			
DRIVING LICENCE	Jaiveer Singh	RJ05 20230012897	
ELECTION CARD	Jaiveer Singh	T061811348	
RATION CARD			
ESIC CARD			

\* **Mandatory Field** (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCS TO AVAIL BETTER SERVICES. **SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS** MUST BE ATTACHED WITH THIS FORM.

## C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,
- (I) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.
- (II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS 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).
- (III) I AM AWARE THAT I CAN SUBMIT My NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE: 16-03-2024  
PLACE: NOIDA

Jaiveer Singh  
SIGNATURE OF MEMBER

## DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER Mr./Ms./Mrs. .... HAS JOINED ON ..... AND HAS BEEN ALLOTTED PF MEMBER ID .....
- B. IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 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 MEMBER ID 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: 16-03-2024

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT

**A. PREVIOUS EMPLOYMENT DETAILS**

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

UAN 

--	--	--	--	--	--	--	--	--	--	--	--

OR

PREVIOUS PF MEMBER ID

REGION CODE	OFFICE CODE	ESTABLISHMENT ID	EXTENSION	ACCOUNT NUMBER

11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER: \_\_\_\_\_  
 (B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER: \_\_\_\_\_

**B. OTHER DETAILS**

13) INTERNATIONAL WORKER (PLEASE TICK)

YES	NO
	<input checked="" type="checkbox"/>

**IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):**

13(A) COUNTRY OF ORIGIN (Please Tick)

INDIA	OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)

13(B) PASSPORT NUMBER \_\_\_\_\_

13(C) PASSPORT VALID FROM

D	D	M	M	Y	Y	Y	Y

To

D	D	M	M	Y	Y	Y	Y

14) EDUCATIONAL QUALIFICATION (PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/PROFESSIONAL
				<input checked="" type="checkbox"/>	Running		

15) MARITAL STATUS (PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE
	<input checked="" type="checkbox"/>		

16) SPECIALLY ABLED (PLEASE TICK)

YES	NO
	<input checked="" type="checkbox"/>

IF YES, TICK THE CATEGORY		
LOCOMOTIVE	VISUAL	HEARING



This Non-Disclosure Agreement shall be valid during the whole term of the order and shall remain in force after the termination thereof as long as the information becomes public knowledge.

Should I violate any provision of this Non-Disclosure agreement I shall pay Marquis Technologies Pvt Ltd as liquidated damages the amount of Euro 100,000/- (One Hundred Thousand Euro Only). I fully understand and agree that the payment of this liquidated damages would not be sufficiently remedy for any breach of obligations under this Non-Disclosure agreement and Marquis Technologies Pvt Ltd shall also be entitled to specific performance and injunctive relief as well as to consequential, special, incidental, punitive or indirect cost, damages or expenses of any kind and compensation for loss of profit, business or goodwill as remedies for any such breach. Payment of the liquidated damages does not release me from obligation under this Non-Disclosure agreement.

I hereby give my consent to Marquis Technologies Pvt Ltd or third parties to process my personal data as deemed appropriate and necessary in the operations of Marquis Technologies Pvt Ltd in connection to the purpose of the Non-Disclosure agreement and undertakings related to it. This process will be done in compliance with Marquis Technologies Pvt Ltd guidelines and applicable legislation. I acknowledge that as a global company, Marquis Technologies Pvt Ltd has international sites throughout the world and to the extent necessary the personal data related to me be sent to any site within Marquis Technologies Pvt Ltd. I hereby give my consent that my personal data being transferred and processed electronically by third parties or on servers located outside of the country where I originally entered the information. Any transferring and processing of personal data is done under the direct authority of Marquis Technologies Pvt Ltd and under a strict confidentiality obligation and by protected technical means.

Place: **NOIDA**

Date: **16-03-2024**

Signature of Deputed Personnel: **Jaiveer Singh**

Name in BLOCK LETTERS: **JAIVEER SINGH**

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MARQUIS TECHNOLOGIES PRIVATE LIMITED

Unit 804/805, Rupa Solitaire Park, Sector 1, Plot 2, 8th Floor, Millennium Business Park, Mahape, Navi Mumbai  
- 400710. INDIA

Phone 022-41554512/022-41554514 • Website. [www.marquistech.com](http://www.marquistech.com)

16<sup>th</sup> March 2024

Mr. Jaiveer Singh

Dear Jaiveer,

**Sub.: Offer of Employment**

With reference to your discussion with us, we are pleased to offer you the post of **Inventory Executive**.

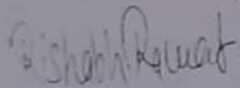
**Compensation:** Your total gross base compensation inclusive of all benefits will be **Rs. 2,50,000/- (Rupees Two Lakhs Fifty Thousand Only)** per annum (refer Annexure II) and will be subject to deduction of tax at source as per statutory regulations.

**Date of reporting:** You are required to report at our office or Lead on or before **16<sup>th</sup> March 2024**. The terms of this offer (including the terms contained in the Annexures) are strictly confidential between you and Marquis Technologies Private Limited. If you fail to report for duty on **16<sup>th</sup> March 2024** this offer will be withdrawn.

We welcome you to Marquis Technologies Private Limited and look forward to your contributions in growing the business with the team here in Marquis Technologies Private Limited Annexures I, II & III attached to this communication forms part of the offer letter.

Best Wishes,

For Marquis Technologies Private Limited

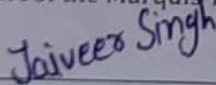


Rishabh Rawat  
Human Resource Department

Enclosed: Annexure I, II, III

I have read and understood the terms and conditions of the offer (including the terms and conditions of the Annexures) and am happy to accept them for employment at Marquis Technologies Private Limited. I will be joining Marquis Technologies Private Limited on or before **16<sup>th</sup> March 2024** and look forward to being a part of the Marquis Technologies Private Limited team.

Signature:



Date: 16-03-2024

### DECLARATION & LETTER OF AUTHORIZATION

- I certify that the statements made in this application are valid and complete to the best of my knowledge. I understand that false or misleading information may result in termination of employment.
- If upon investigations, any of this information is found to be incomplete or inaccurate, I understand that I will be subject to dismissal at any time during my employment.
- I hereby authorize **the Company** and/or any of its subsidiaries or affiliates and any persons or organizations acting on its behalf (TP .....), to verify the information presented on this application form and to procure an investigative report or consumer report for that purpose.
- I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous records. In addition, please provide any other pertinent information requested by the individual presenting this authority.
- I hereby release from liability all persons or entities requesting or supplying such information.
- I authorize **the Company** to contact my present employer.  Yes  No
- I have read, understand, and by my signature consent to these statements.

SIGNATURE:

Jaiveer Singh

DATE:

16-03-2024

NAME (IN BLOCK LETTERS):

JAIVEER SINGH

DOCUMENTS REQUIRED (COMPULSORY)	ATTACHED YES / NO
Copy of all past Employment Appointment & Relieving Letters / Salary Slips with employee code	

All details are compulsory

Strictly Private & Confidential

## Candidate Information Form

PERSONAL DETAILS		
Name of Applicant: Surname	choudhary	Middle Singh
		First Jaiveer
Date of Birth (dd/mm/yy):	27/07/2001	
Sex:	Male	
Father's Name:	Padam Singh	
Home Phone: 9772986670	Office Phone:	Mobile:

**EMPLOYMENT RECORD:** Starting with your present or most recent employer, please list last 2 employments. When listing consulting or temporary assignments, under "Employer", state the name of the consulting or temporary agency that placed you at the client site. Complete and accurate dates (month/year) must be provided.

EMPLOYER 1 (Current):	Employee Id:	From (mm/yy):	To (mm/yy):
Street Address:		Employer's Phone No.:	Remuneration/Salary:
City:	State:	Country:	Postal Code:
Job Title:	Reason for leaving:		
<b>Employment Status:</b> <i>(Please check the relevant box)</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency	<b>Supervisor's Details:</b> Name: Title: Phone No.: E-mail id: <i>(Preferably official)</i>		
<b>Outsourcing Agency Details:</b> Name: Address: Tel No.:	<b>HR Manager's Details:</b> Name: Phone No.: E-mail id: <i>(Preferably official)</i>		
Description of Duties:			
Current Employment Authority Provided If No When	Yes/No		

All details are compulsory

Strictly Private & Confidential

**Please provide the details of any of your friends**

Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:

**IN CASE OF EMERGENCY PLEASE CONTACT**

Name:	Relationship:	
Home Phone:	Work Phone:	Cellular Phone:
Name:	Relationship:	
Home Phone	Work Phone	Cellular Phone:

Preferred Hospital:

Physician's Name	Specialist Name:	Dentist Name:
Phone:	Phone:	Phone:

List all medications that you are taking (prescription and over the counter). If necessary include the reason of medication:

List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that emergency personal need to be aware of, attach documentation is necessary:

**II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT**

Employee Signature: <i>Juiveer Singh</i>	Date Signed: 16-03-2024
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<b>In Case of Emergency Form</b>	It is the responsibility of every employee to inform HR Department regarding any changes.
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**I. GENERAL INFORMATION**

Employee Name: <b>Jaiveer Singh</b>	Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of Birth: <b>27-07-2001</b>
Current Address: <b>Sector 66 Noida</b>	City: <b>Noida</b> State: <b>U.P.</b>	
Permanent Address: <b>VPO.-Naunera teh.-kaman district bharatpur (Raj)</b>	City: <b>Bharatpur</b> State: <b>Rajasthan</b>	
<b>Please provide your Family Details (Parents, Siblings, Spouse etc.)</b>		
Name: <b>Jaiveer Singh</b>	Relationship:	
Phone: <b>8685849336</b>	Address:	
Name: <b>Padam Singh</b>	Relationship: <b>Father</b>	
Phone: <b>9772986670</b>	Address: <b>VPO.-Naunera teh.-kaman district-bharatpur (Raj)</b>	
Name: <b>Gaurav Singh</b>	Relationship: <b>brother</b>	
Phone: <b>9001483844</b>	Address: <b>VPO.-Naunera teh.-kaman district-bharatpur (Raj)</b>	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	
Name:	Relationship:	
Phone:	Address:	

## EMPLOYEE MEDICAL SELF DECLARATION FORM

Please specify if you're having health issue: YES/NO — No  
If yes, please specify in detail:

Suffering from any chronic diseases: YES/NO — No  
If yes, please specify in detail:

Undergoing any Medical Treatment: YES/NO — No  
If yes, please specify in detail:

I, Jaiveer Singh  
(Applicant's Name)

of Nonera, Kaman, Bharatpur (Raj)  
(Applicant's Address)

Agree as an applicant being a fit and proper person and able to perform the inherent requirements of the position.

I do sincerely declare that the contents of this form are true and correct and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld. I understand that any wilfully incorrect or misleading answer or material omission which relates to any of the questions before mentioned may make me ineligible for employment, or if employed, liable to disciplinary action which may include dismissal. I understand that this pre-employment health declaration may form part of my file.

I also voluntarily and freely consent to sharing of the above personal information in relation job employment to Marquis Technologies Pvt. Ltd

Applicant's signature Jaiveer Singh Date 16-03-2024

#### 11. TERM AND DETERMINATION

11:1 This Agreement shall be in full force and effect continuously for a period of One years from the date of signing of this Agreement for the purpose of this agreement and shall be valid and subsisting for a period of One years from the expiration as mentioned above for the purpose of Clause 9.2 and thereafter would cease to exist without binding or liability either on the part of the EMPLOYEE or MARQUISTECH.

11:2 The EMPLOYEE under abnormal and unprecedented circumstances that would force him/her with no other option other than determining this Agreement shall be at the liberty to determine this Agreement, but shall do so only with the mutual consent and satisfaction of MARQUISTECH, or shall determine this Agreement after he/she compensates and pays MARQUISTECH with the requisite Damages as applicable as per this Agreement during the tenure of this Agreement.

11:3 MARQUISTECH reserves its right to terminate this Agreement at any time from the date of signing of this Agreement without assigning any reason whatsoever. Under these circumstances either of the parties shall be at no compulsion to indemnify or compensate each other with any Damages or cost of any kind.

#### 12. AMENDMENT

Any Amendment to be carried out in this agreement shall be in writing and executed by the parties hereto and shall be done and effected so, as MARQUISTECH may think deem fit from time to time.

#### 13. JURISDICTION

In the event of any disputes arising between the parties in the context and tenure of this Agreement then the same shall be resolved internally failing which the parties hereto mutually agree to submit the same to the exclusive jurisdiction of the Courts at Mumbai only.

#### 14. ENTIRE AGREEMENT

This Agreement inclusive of the attachments constitutes the Entire Agreement between MARQUISTECH and the EMPLOYEE concerning the subject matter hereof, supersedes all prior communications or Agreement, written or oral if any, between the parties hereto.

IN WITNESS WHEREOF BOTH THE PARTIES HAVE SET THEIR HANDS AND SEAL ON THE DAY, MONTH AND YEAR FIRST HEREIN ABOVE MENTIONED

FOR MARQUIS TECHNOLOGIES

EMPLOYEE NAME: Jaiveer Singh

SIGNATURE: Jaiveer Singh

thereafter on the employment, by reason of any act, embezzlement, mismanagement, neglect, or default and also breach of this Agreement for a period of one years.

9:2 The EMPLOYEE hereby agrees to compensate and pay to MARQUISTECH a sum of Rs.1,00,000/- [Rupees One Lakh Only] as damages if he/she fails to be in the rolls of MARQUISTECH and render his/her services towards MARQUISTECH continuously for a period of One Years from the date of signing of this Agreement.

9:3 The Damages payable by the EMPLOYEE to MARQUISTECH in the event of determination of his/her services as stated in Clause 11:2 above is calculated in pro-rata basis whereby the sum of Damages considerably reduces to Rs.50,000/- [Rupees Fifty Thousand Only] if the EMPLOYEE has successfully completed six months of services with MARQUISTECH from the date of signing of this Agreement and prefers to determine his services from the Third year of his services from the date of signing of this Agreement.

9:4 The Damages may also proportionately vary in the event of breaching any of the covenants of this Agreement that may incur loss or expenses to MARQUISTECH in any manner be it cash or kind caused due to the willful acts of the EMPLOYEE.

9:5 MARQUISTECH reserves its rights solely to decide so as to amount of Damages payable by the EMPLOYEE with respect to Clause 11:3 above which shall be the sole discretion of MARQUISTECH.

9:6 In the event of the EMPLOYEE finds himself/herself a subsequent placement in another company / organization during the period of the contract, which amounts to severe breach of this contract, irrespective of claiming the damages as aforementioned MARQUISTECH reserves its right to keep the subsequent management/Board of the company/ organization informed about this contract and the breach committed by the EMPLOYEE and shall deprive his/her placement until the breach committed by the EMPLOYEE is remedied by him/her.

#### **10. INDEPENDENCE OF EMPLOYEE**

It is agreed between the EMPLOYEE and MARQUISTECH that unless otherwise specifically mentioned and agreed the EMPLOYEE is absolutely independent of this Agreement on his successful completion of One years of Service with MARQUISTECH from the date of signing of this Agreement except to be employed to with any of MARQUISTECH's clients directly or through any other vendor/subcontractor of the client for a period of One years from the date of expiration of this agreement. Thereafter the EMPLOYEE and MARQUISTECH shall operate and shall continue to operate, for their own account and nothing in this Agreement is intended or shall be construed to a authorize either party to create or assume any Liability or indebtedness of any kind in the name of, or on behalf of the EMPLOYEE or MARQUISTECH or to act for or be responsible for the performance of the other party in any manner.

## **6. FINANCIAL COVERAGE OF THE TP**

6:1 This TP imparted by MARQUISTECH through its Client to the EMPLOYEE shall cost MARQUISTECH a sum of Rs 100,000/- (Rupees One Lakh only).

6:2 The above mentioned expenses shall be completely covered by MARQUISTECH and the EMPLOYEE is absolutely free of the above and any other expenses except whichever is specifically notified to the EMPLOYEE by MARQUISTECH.

## **7. ACCOMPLISHMENT OF TP AND PERFORMANCE OF THE EMPLOYEE**

7:1 The EMPLOYEE on successful completion of the TP shall continue his services to MARQUISTECH for a period of one years to the best of his ability, and to the satisfaction of the superiors in order to promote the interest of MARQUISTECH.

7:2 The EMPLOYEE shall impart with the skills and knowledge acquired by him/her as a result of the TP to his subordinates and shall be expected by MARQUISTECH to train a team of personnel.

## **8. FIDELITY AND CONFIDENTIALITY BY THE EMPLOYEE**

8:1 The EMPLOYEE shall well honestly and faithfully perform and discharge his duties with the Client of MARQUISTECH as a Test Engineer with utmost care and diligence continuously for a period of 1 years from the date of signing of this Agreement.

8:2 After completion of the One years term Employee is at liberty to take up employment with any other organization other than the Clients of MARQUISTECH or its affiliates, either directly or through any other vendor or sub contractor of the Client for a period of One years from the date of expiry of this agreement, without the prior written consent of MARQUISTECH. This clause shall survive the expiration or determination of this agreement to the length of time period as detailed above. For clarity, MARQUISTECH shall be empowered to enforce this agreement even after the expiration of this agreement for the limited purpose of this clause.

8:3 MARQUISTECH through its Client shall impart with the EMPLOYEE a specialized training in the TP on various subjects that would update the EMPLOYEE of Tools and all Testing competencies, but underlining that the same shall be truly kept very confidential by the EMPLOYEE and not to be disclosed or divulged to anyone in any form directly or indirectly unless otherwise the EMPLOYEE is licensed to do so by MARQUISTECH

## **9. INDEMNITY AND DAMAGES BY EMPLOYEE**

9:1 The EMPLOYEE shall at all times hereafter keep MARQUISTECH and its assigns indemnified against all losses, costs, damages and expenses, which MARQUISTECH or its assigns may pay, sustain or accrue or be put unto by reason of its taking the said EMPLOYEE into the TP and

**NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:**

**1. DEFINITIONS**

Unless and otherwise the context if so requires, the following expressions shall deem to have the synonymous meaning as stated below:

**Training Programme:** "Training Programme" referred to as TP for brevity would mean and includes the complete Academic and Practical training program that is to be implanted to the employee.

**Area of Training:** Would mean and include the subjects on which Employee is trained upon, the subject of Training shall vary from case to case as desired by the client of Marquistech as per its project requirement.

**Client:** Would mean and include any Customer, Client for which MARQUISTECH is providing services as per their terms and conditions.

**Date of Agreement:** The Last date of Signing this Agreement.

**2. OBJECTIVE OF THE AGREEMENT**

2:1 The objective of this TP [Training Programme] is to impart with the EMPLOYEE a high level competence to perform fulfill his/her duties as a Test Engineer with the client of MARQUISTECH.

2:2 High competence of the EMPLOYEE with his/her specialist knowledge in the Area of Training they are trained upon will be utilized by MARQUISTECH in every respect for MARQUISTECH to stay competitive in the future.

**3. TP Venue**

3:1 Unit 804/805, Rupa Solitaire Park, Sector 1, Plot 2, 8th Floor, Millennium Business Park, Mahape, Navi Mumbai - 400710. India

**4. AREA OF TP**

The EMPLOYEE shall be imparted with a high level training in Tools, common and or Client specific and all relevant subjects that would include be necessary to execute his duties as a \_\_\_\_\_ (Designation).

**5. PERIOD OF TP**

5:1 The Period of the TP would be for a period of Six Months from the date of joining.

5:2 The period of the TP may be extended or may also be completed before the said period of Six Months. The EMPLOYEE is expected to extend his full-fledged Co-operation to successfully complete the TP in any situation of the above as the case may be.

AGREEMENT

THIS AGREEMENT IS MADE ON THE 16 DAY OF March 2024

**BETWEEN**

MARQUIS TECHNOLOGIES, a company registered under the laws of India, having its registered office Unit 804/805, Rupa Solitaire Park, Sector 1, Plot 2, 8<sup>th</sup> Floor, Millennium Business Park, Mahape, Navi Mumbai, 400710, India, represented by its Authorised signatory Mr. S. S. Jain hereinafter referred to as Marquitech.

**AND**

Mr. Jaiveer Singh s/o padam Singh  
having permanent residence address at  
VPO - NONERA teh. - kaman district -  
Bharatpur (Raj)  
and temporarily residing at  
NEW POLICE LINE, NEAR SARAS CHAURAHA  
BHARATPUR (Raj) and employed with Marquitech as  
(Designation) based at Navi Mumbai hereinafter referred to as the

Employee.

**Medical Insurance Nominee Form**

Name:	Jaiveer Singh
ICICI Account No.(if you have)	
Pan card No:	CHVPJ9466M
Your Date of Birth:	27/07/2001
Nominee:	Padam Singh
Relationship with nominee:	father
Marital Status (Single/Married):	Single
If married please mention the below mentioned details:	
Wife/Husband's Name:	
Date of Birth:	
Age:	
Gender:	
Child1's Name:	
Date of Birth:	
Age:	
Gender:	
Child2's Name:	
Date of Birth:	
Age:	
Gender:	

**EMPLOYEES' PROVIDENT FUND ORGANISATION**  
Employees' Provident Fund Scheme, 1952 (Paragraph 34 & 57) &  
Employees' 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	Jaiveer Singh
2	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	Padam Singh
3	Date of Birth: ( DD / MM / YYYY )	27-07-2001
4	Gender: (Male/Female/Transgender)	male
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	Unmarried
6	(a) Email ID: Jaiveerschoudary@gmail.com (b) Mobile No.: 8185849336	JVSingh@marquistech.com
7	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes / No
8	Whether earlier a member of Employees' Pension Scheme, 1995	Yes / No
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)		
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)]		
KYC Details: (attach self attested copies of following KYCs)		
a) Bank Account No. & IFS Code		
b) AADHAR Number		
c) Permanent Account Number (PAN), 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/authentication/eKYC 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 detail 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: 18-03-2024  
Place: NOIDA

Jaiveer Singh  
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 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-33) for transfer of funds from his previous establishment.

Date:

Signature of Employer with Seal of Establishment

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 widow pension (admissible under para 16 2 (a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

Name and Address of the nominee	Date of Birth	Relationship with member
Padam Singh VPO- Naunera, Kaman Bharatpur (Rajasthan)		father

Date 16-03-2024

*Jaiveer Singh*

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./ Miss \_\_\_\_\_ 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 : 16-03-2024

Signature of the employer or other authorised officer of the establishment

Name & address of the Factory / Establishment

Place : NOIDA

Date : 16-03-2024

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees Provident Funds and Employees Pension Schemes (Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme 1952 and Paragraph 18 of the Employees Pension Scheme 1995)

1. Name (IN BLOCK LETTERS): JAIVEER SINGH
Name: JAIVEER, Father's / Husband's Name: SINGH, Surname: SINGH

2. Date of Birth: 27-07-2001 3. Account No.:

4. \*Sex: MALE/FEMALE: MALE 5. Marital Status: UNMARRIED

6. Address Permanent / Temporary: VPO- Naunera teh.- kaman district- bharatpur (Rajasthan)

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.

Table with 6 columns: Name of the Nominee (s), Address, Nominee's relationship with the 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 and address of the guardian who may receive the amount during the minority of the nominee.

1. \*Certified that I have no family as defined in para 2 (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.

Strike out whichever is not applicable

Signature/or thumb impression of the subscriber

PART - (EPS) Para 18

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 premature death in service.

Table with 4 columns: Sl. No, Name & Address of the Family Member, Age, Relationship with the member.