Date:

To,
HR Department,
SGT University

Subject: Application for the post of …….…… At SGT University

Dear Ma'am/Sir

This is with reference to your job requirement for the post of ---------- Please accepted my application for the same.

I truly believe that my qualifications and experience make me a perfect candidate for the post.

I am confident that I will be the right fit for the post. I have attached my CV for your reference. Please have a look at it. I am confident that I have the skills to excel at your organization. I have always dreamed of being a part of your company due to the development opportunities you provide. I request you to give me an opportunity to learn and grow esteemed Organization through this job role.

I hope to meet you and discuss this opportunity further. Thank you for considering my application for the role.

Best regards,

Name:

Mob:

ID Card Proforma

All columns are mandatory. Please fill form in Capital Letter only

EMP. ID		Faculty/ Staff/ Admin	
Name			
Faculty of			
Department			
Designation			
Date of Birth			
Date of Joining			
Blood Group			
Gender			
Contact Number			
Mail ID			
Permanent Address			

Emergency Contact Name and Number:

Instructions/ Rules

1. The Card Holder is a Bonafede faculty /staff of SGT University.

2. This I-Card is the property of SGT University which is non-transferable and fraudulent use of this card may invite disciplinary action. This card is meant for identify of the holder only the card holder is soley responsible for safety and security of the card .

3. The card holder must carry this card at every time while in University campus.

4. Loss of the card must be reported immediately in writing to the Registrar/Dean. The duplicate card will be issued only after proper enquiry and on the payment of Rs.200/-.

THE LOST CARD IF FOUND SHOULD BE RETURNED TO THE REGISTRAR/DEAN.

I hereby certify that I have read and understood the Instructions/Rules abide to follow these.

Recent Passport size Photograph to be attached here

Signature of Applicant

Verified by HR Department

(Use only black ball pen)

SGT Medical College, Hospital & Research Institute
(A Constituent of SGT University)
Budhera, Gurugram-Badli Road, Gurugram (Haryana) – 122505 Ph. : 0124-2278183, 2278184, 2278185
NABH
MC-3439
MC-4320

PRE EMPLOYMENT MEDICAL CERTIFICATE OF FITNESS FOR TEACHING FACULTY/RESIDENTS/TUTOR/NON-TEACHING STAFF

Name…… Designation ……..

S/o, D/o ……..Age……

Department ……Contact No……..…

Address ……..…

……..

Date of Birth …… Identification Marks …….

History of (a) Diabetes (Y/N) (b) Tuberculosis (Y/N)
(c) Epilepsy (Y/N) (d) DrugsAllergy/Asthma (Y/N)
(e) Radiation History (if yes, then fill annexure- I)(Y/N) (f) Any Other: ……

Vaccination (as per annexure-II): Fully/ Partial / Not Vaccinated

……

Signature-ICO……..

(i) Pathology

HB ……..gm % Blood Group…….
URINE……. ALB…..…… SUGAR ……..…….
Pathologist……

(ii) **Radiology**X-Ray Chest PA view (if required)……
…… Radiologist ……....

(iii) **EYE** Vision (L) …….. (R) …….
Color vision ……...
Signature ……..…

(iv) **ENT** Hearing (L)…….. (R) …….
Signature ……..…

(v) **Surgery** ……
Signature ……..

(vi) **Obs&Gynae**(for female employee) ……
Signature ……..……

Medicine Pulse ……./mm B.P ..... /mm of Hg
Heart …… ECG (If required)……..
Chest …… Abdomen …….....
Final Assessment (fit/ unfit) …… Signature……..

Medical Superintendent(approved/not approved)……

Sign of Candidate Signature of MS/DMS

ANNEXURE – II

EMPLOYMENT VACCINATION RECORD

NAME OF EMPLOYEE:-……..AGE…….SEX……..……..

EMP. CODE-…….....DEPARTMENT……..DATE OF JOINING……

VACCINATION RECORD

Vaccine	Schedule	Vaccination Done	Employee Sign	Due Date	Authorized Signatory
COVID VACCINATION					
COVID VACCINE	1ST Dose				
COVID VACCINE	2ND Dose				
HEPATITIS -B					
1ST Dose	(Day0)				
2ND Dose	(After1Month)				
3RD Dose	(After6Month)				
Booster Dose	(After5 Year)				
TYPHOID VACCINE					
Typhoid	(Day0)				
Typhoid	(After3 Year)				

Note: -In case the employee has already been immunized in the past:-

Undertaking:-I here by certify that I have been fully immunized against Hepatitis B in the past, information given is true to my knowledge and I take full responsibility in case of information given by me is found incorrect.

Date:-…… Time……..Name of Employee…….……Signature…….

Checked and Verified By I.C.O: Name……..Signature…….Time……Date…..…...

SGT UNIVERSITY

SHREE GURU GOBIND SINGH TRICENTENARY UNIVERSITY

GURGAON, DELHI-NCR

(Established by the Haryana Act No.8 of 2013)

NO CRIMINAL OFFENSE AFFIDAVIT

I Mr/Ms. …… S/o, D/o, W/o of……., and residing at .....,

……

Do hereby solemnly affirm and sincerely state as follows:-

1. I am the deponent herein.
2. I am residing at the above said address with my Parents/Husband/Relative for the past …… years.
3. I have completed my .....(degree with major) at ……..……., College / university between Year ……. To..... , I wish to join SGT Medical College, Hospital & research Institute, Budhera, Gurugram, Haryana.
4. I declare that there is **No CRIMINAL OFFENCE REGISTERED / PENDING** against me in the Court of Law. I take the oath and solemnly declare that the particulars furnished by my above are true and correct and that I have not concealed or misrepresented any facts.

5. <u>If during my employment with SGT, I am involved in any criminal offense, I shall inform about this to the university immediately.</u>

Name of deponent:……..……., Signature……..……..

Date:……..., Time……, Place:……

Form No. 11 (New)
Declaration Form

(To be retained by the Employer for future reference)

Employees' Provident Fund Organization

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH- 34 & 57)
&
THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH- 24)

DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEE'S PROVIDENT FUND SCHEME, 1952 AND/ OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE.
(PLEASE GO THROUGH THE INSTRUCTIONS)

1) NAME (TITLE)

MR.	MS.	MRS.

(PLEASE TICK)

2) DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

3) FATHER'S/ HUSBAND'S NAME — MR.

4) RELATIONSHIP IN RESPECT OF (3) ABOVE

FATHER	HUSBAND

(PLEASE TICK)

5) GENDER

MALE	FEMALE	TRANSGENDER

(PLEASE TICK)

6) MOBILE NUMBER (IF ANY)

7) EMAIL ID (IF ANY)

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952 ?

(PLEASE TICK) | **YES** | **NO**

9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?

(PLEASE TICK) | **YES** | **NO**

IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILLY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11&12):

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

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

15) MARITAL STATUS (PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE

16) SPECIALLY ABLED (PLEASE TICK)

YES	NO

IF YES, TICK THE CATEGORY		
LOCOMOTIVE	VISUAL	HEARING

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*			IFSC CODE*
NPR/ AADHAAR			
PERMANENT ACCOUNT NUMBER (PAN)			
PASSPORT			EXPIRY DATE
DRIVING LICENCE			EXPIRY DATE
ELECTION CARD			
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 EPFSCHEME, 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:

PLACE: **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: **SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT**

FORM NO. 2 (Revised)

NOMINATION AND DECLARATION FORM

(For Unexempted/Exempted Establishment)

Declaration and Nomination Form under the Employees Provident Fund & Employees Pension Scheme

(Paragraph 33 and 61 (1) of the Employees Provident Fund Scheme, 1952 & Paragraph 18 of the Employees Pension Scheme, 1995)

1. Name _____

(In capital letters)

2. S/o, W/o, D/o Name _____

3. Date of Birth _____ 4. Sex _____ 5. Date of Joining _____

6. Marital Status _____ 7. P.F. Account No. _____

8. (A) Address Permanent _____

_____

(B) Address Temporary _____

_____

PART A (EPF)

Name of the Nominee/Nominees	Address	Nominees relation with the member	Date of Birth	Total amount of share of Accumulation in PF to be paid to each Nominee	If the Nominee is a minor, Name & Relationship & Address of the guardian who may receive the amount during minority of nominee
1	**2**	**3**	**4**	**5**	**6**

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.

_____ _____

*Strike out whichever is not applicable

Signature or thumb impression of the subscriber

PART B (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 death.

	Name and Address of the Family member(s)			
Sl. No.	Name	Address	Date of Birth	Relationship with member
1	**2**	**3**	**4**	**5**
1				
2				
3				
4				
5				

** Certified that I have no family as defined in Para 2 (vii) of Employees' Pension Sheme, 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 pension (admissible under Para 16 2(a) (i) & (ii) in event of my death without leaving any eligible family member for receiving pension.

Sl. No.	Name & address of the Nominee	Date of birth	Relationship with the member.
1	2	3	4
1			
2			
3			
4			
5			
6			

Date : -_____

_____ _____

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 have read over to him/her by me and got confirmed by him/her.

Signature of the employer or other
Authorized officers of the establishment :- _____

Place :_____ Designation :- _____

Name and address of the factory
Dated :- _____ Establishment or rubber stamp there of :_____

SGT UNIVERSITY
SHREE GURU GOBIND SINGH TRICENTENARY UNIVERSITY
GURGAON, DELHI-NCR
(Established by the Haryana Act No.8 of 2013)

To,
The Registrar,
SGT University,
Gurugram - 122505

Dated: _____

JOINING REPORT
Through: Proper Channel

Sir,

This is with reference to the appointment letter No. **SGTU/HRD/2024/** _____

dated _____.

I _____, hereby join as _____ in the Department of _____, in the Faculty of _____ w.e.f. _____ (date) Forenoon/Afternoon.

Further, I have gone through all the terms & conditions laid down in the appointment letter to which I accord my consent.

Yours Sincerely,

Signature: _____

Name: _____

Dean/ Principal

Signature: _____

Name: _____

Designation: _____

Date: _____

HOD (if applicable)

Signature: _____

Name: _____

Department: _____

Date: _____

Personal File Format (Non-Medical)

Employee Name ……

Emp. Code…….

Date of Joining……Designation…….

Department…….

	SR.NO	Checklist For Document	Frequency	Yes/no/NA
Pre-Joining	1	Application For Employment	Once	
	2	Manpower Requisition Form	Once	
	3	Resume	Once	
	4	Candidate Assessment Form	Once	
	5	Offer Letter	Once	
	6	Background Verification- Criminal Offense Affidavit	Once	
	7	Pre-Employment health check-up Performa/Report	Once	
	8	Photographs (7 nos.)	Once	
	9	ID Card Performa	Once	
	10	Self-attested Copy of Mark Sheet/Certificate Of HSC/10th Standard	Once	
	11	Self-attested Copy of Mark Sheet/Certificate Of SSC/12th Standard	Once	
	12	Self-attested Copy of Mark Sheet/ Graduation Certificate	Once	
	13	Self attested Copy of Mark Sheet/ Post Graduation Certificate	Once	
	14	Self attested Copy of Mark Sheet/Certificate Of Other Degrees	Once	
	15	Self attested Copy of Registration Certificate - For Doctors & Nurses	Once	
	16	Experience & Relieving Letter From Previous Employers	Once	
	17	ID Proof (ID) & Address Proof	Once	
	18	Copy Of PAN Card & Aadhar card & Voter ID	Once	
	19	Account Cancel Cheque	Once	
	20	Job Description	Updatable	
Joining Formalities	21	Appointment Letter with pay scale	Once	
	22	Joining Letter	Once	
	23	ESI/ Mediclaim Form	Once	
	24	PF Nomination Form (Form-2)	Once	
	25	Departmental Induction / Skill Training	Once	
Exit	26	No Dues Form	Once	
	27	Exit Interview Performa	Once	

Checked by (HRD) _____ Signature by Head HRD_____Date_____

DECLARATION FORM

FORM - 1

Employer's Code No.

(A) Insured Person's Particulars

1 Insurance No.			
2 Name (in block capital)			
3 Father's/ Husband's Name			
4 Date of Birth	DD MM YY	5. Martial Status	M / U / W
7		6. Sex	M / F
Present Address Pin : e-mail address Branch office:		8. Permanent Address Pin : e-mail address	
		Dispensary :	

(B) Employer's Particulars

10. Date of Appointment	Day / Month / Year
11. Name & Address of the employer	
12. In case of any previous employment please fillup the details as under:-	
Previous Ins. No.	
Emplrs. Code No.	
11. Name & Address of the employer	

(c) Details of the nominee u/s 71 of ESI Act1948 / Rule 56(2) of ESI (Central) Rules 1950 for payment of cash benefit in the event of death

Name of the Nominee	Relationship with insured person	Address

I hereby declare that the above particulars have been given by me and are correct to the best of my knowledge and I belief. I also under take to intimate to the corporation any change in the membership of my family within 15 days of such change having occured.

Counter Signature of the Employer

Signature with Seal

Signature / T.I. of I P

(D) FAMILY PARTICULARS OF INSURED PERSON

Sl. No.	Name	Date of Birth	Relationship with insured person		If No, State place of Residence	
				Whether residing with him/her or not YES / NO	TOWN	STATE
1						
2						
3						
4						
5						
6						
7						

ESI CORPORATION
Temporary Identity Card

Valid for 3 months from the date of appointment

Name			
Father's/ Husband's Name		Date of Birth / Date of Entry	
Ins. No.			
Branch Office		Dispensary	
Name, Address & Code No. of the employer			

(Space for photograph)

Validity
Dated

Signature / T.I. of I P

Signature of B.M. with Seal

Date:……

INDUCTION PROGRAMME FOR NEW STAFF

The induction programme lists suggested activities to be covered from day one through to the end of probation.

SESSION	SUGGESTED CONTENT OF SESSION	Yes / No
Introduction to the Hospital and work area *Person Responsible – HR Executive*	• Mission, Vision, Objectives of work area • How the work area fits in to the Hospital • All key operational and social areas to be visited. (e.g. Offices, Labs, Catering Facilities, Bank, Library)	
Introduction to other members of staff *Person Responsible – HR Executive*	• Go through organization chart • Discuss roles and responsibilities of staff in general terms. • May also want to extend time to allow visits to key contacts out with work area.	
Introduction to the other teams within the Work area (if appropriate) *Person Responsible – HR Executive*	• Purpose/Activities of the other teams/work areas • How the team fits in to the work area • How the work area fits into Hospital	
Terms and Conditions *Person Responsible – HR Executive*	• Ensure new start has viewed and understood information contained in the Information for New Employees this contains important information on terms and conditions.	
Performance Standards *Person Responsible – HR Executive*	• Outline specifics of job role – (job description) • Define goals, objectives, and expectations • Review probation and performance and development review/ ADR/ appraisal process.	
Culture of the Work area *Person Responsible – HR Executive*	• Make new start aware of local arrangements regarding hours of work, holiday requests, sickness procedure, after hours working, dress code, lunch arrangements, etc. • Other Hospital procedures e.g. internet and e-mail usage, transportation and parking, etc.	
Office Systems *Person Responsible – Incharge*	• Review processes for using Department equipment. • Review processes for using other Hospital equipment/systems. • Review computer security, and software usage. • Consider environmental efficiencies (waste, recycling, energy)	

Job Specific Training and Development *Person Responsible – HR Executive*	• Role specific development needs should be reviewed and a suitable programme of training should be planned that aligns the individual's skills to their core duties. • Staff with line management responsibilities should be clear as to their duties and attend any relevant training. • Outline the use of annual performance and development reviews as one method for determining ongoing role specific development needs. • Introduce Hospital wide training and development opportunities available to staff. • Review use of personal development planning tools (i.e. PDP)	
Health and Safety Person Responsible – Health & Safety Co-ordinator	• Physical – fire exits, fire alarms, fire evacuation procedure, fire-training arrangements, manual handling, first-aid arrangements, VDU usage, and other arrangements as required.	
Probation *Person Responsible – HR Executive*	• For new staff the Probation Policy will apply	

Signature
Executive – HR
Date:

Signature
Name of Employee