

**RTI REQUEST DETAILS**

<b>Registration No. :</b>	CSLTD/R/E/22/00110	<b>Date of Receipt :</b>	02/09/2022
<b>Type of Receipt :</b>	Online Receipt	<b>Language of Request :</b>	English
<b>Name :</b>		<b>Gender :</b>	
<b>Address :</b>			
<b>State :</b>		<b>Country :</b>	
<b>Phone No. :</b>		<b>Mobile No. :</b>	
<b>Email :</b>			
<b>Status(Rural/Urban) :</b>		<b>Education Status :</b>	
<b>Is Requester Below Poverty Line ? :</b>		<b>Citizenship Status</b>	
<b>Amount Paid :</b>		<b>Mode of Payment</b>	
<b>Does it concern the life or Liberty of a Person ? :</b>	No(Normal)	<b>Request Pertains to :</b>	
<b>Information Sought :</b>	<p>Hi Sir,</p> <p>1, Kindly provide the tentative date for certificate verification for the post of Assistant (RECTT/PERMANENT/WORKEN ON REGULAR CADRE/2022/5 DATED 09 MAY 2002) for the shortlisted candidates of phase 1(objective and Descriptive) .If any completion dates of the mentioned recruitment process available from HR department, Kindly share that information</p> <p>2,How may candidates in General and OBC Category got more than 50% in objective and descriptive exam of Assistant (RECTT/PERMANENT/WORKEN ON REGULAR CADRE/2022/5 DATED 09 MAY 2002) conducted on July 15 and asked to forward eligibility proofs for scrutiny</p> <p>3, Kindly Guide after how many Days/Months after publishing Final result, selected Candidates need to join the service?</p> <p>4, Kindly Guide whether any extension in Joining date will be given to Candidates who are working in Companies having 3 Months notice period, Please provide the Employee Joining process policy of CSL after publishing the recruitment result</p> <p>5, Final Work experience Document will be obtained only after leaving the current Job, Kindly Guide whether the salary slip is enough for proving the experience and final experience certificate can be produced at the time of joining, Please Guide salary certificate and offer Letter will be enough to prove experience at time of certificate verification for currently working employees in same company in which having work experience.</p>		
<div> <input type="button" value="Print"/> <input type="button" value="Save"/> <input type="button" value="Close"/> </div>			



### Sub: Information Under Right to Information Act

Dear Sir,

1. Please refer your RTI request no. CSLTD/R/E/22/00110 dated September 02, 2022. The information sought under the said request relating to the selection for the post of Assistant as per Vacancy Notification No. CSL/P&A/RECTT/ PERMANENT/WORKMEN ON REGULAR CADRE/2022/5 dated May 09, 2022, is given below:

- (i) Kindly provide the tentative date for certificate verification for the post of Assistant (RECTT/PERMANENT/WORKMEN ON REGULAR CADRE/2022/5 DATED 09 MAY 2002) for the shortlisted candidates of phase 1(objective and Descriptive). If any completion dates of the mentioned recruitment process available from HR department, Kindly share that information.

#### Answer

The Objective Type Online Test and Descriptive Type Online Test for the above referred post were conducted on July 15, 2022. Evaluation of answer sheets and finalisation of rank list is under process. The results are planned to be published in CSL website by November 2022. The selected candidates shall be directed to appear for certificate verification and medical examination, as part of the joining formalities for the post.

- (ii) How many candidates in General and OBC Category got more than 50% in objective and descriptive exam of Assistant (RECTT/PERMANENT/WORKMEN ON REGULAR CADRE/2022/5 DATED 09 MAY 2002) conducted on July 15 and asked to forward eligibility proofs for scrutiny.

#### Answer

Please note that the evaluation of the descriptive answer sheets is going on and hence the category wise details can be provided only after completing the said evaluation. However, the number of candidates who scored more than 50% of total marks in the Objective Type Online Test conducted for the above referred post is 78.

- (iii) Kindly Guide after how many Days/Months after publishing Final result, selected Candidates need to join the service?

#### Answer

Please refer relevant extracts of CSL's Recruitment Policy placed at Annexure 1.



पंजीकृत कार्यालय : प्रशासनिक भवन, पी.ओ.बैग सं 1653, परुमानूर पी. ओ., कोच्ची - 682 015  
Registered Office : Administrative Building, P.O. Bag No. 1653, Perumanoor P.O., Kochi - 682 015  
फोन / Phone : +91(484) 2361181 / 2501200 फाक्स / Fax : +91 (484) 2370897 / 2383902  
वेबसाइट / Website : www.cochinshipyard.com, सीआईएन / CIN: L63032KL1972GOI002414



- (iv) Kindly Guide whether any extension in Joining date will be given to Candidates who are working in Companies having 3 Months notice period, Please provide the Employee Joining process policy of CSL after publishing the recruitment result.

**Answer**

On the subject 'extension of joining', please refer relevant extracts of CSL's Recruitment Policy placed at **Annexure I** and on the subject 'joining process' please refer relevant extracts of CSL's Recruitment Policy placed at **Annexure II**.

- (v) Final Work experience Document will be obtained only after leaving the current Job, Kindly Guide whether the salary slip is enough for proving the experience and final experience certificate can be produced at the time of joining, Please Guide salary certificate and offer Letter will be enough to prove experience at time of certificate verification for currently working employees in same company in which having work experience.

**Answer**

Please refer Clause G(c)(iv) of the Vacancy Notification published on CSL website which is given below for convenience.

"Applicants who are presently working in any company (Private / Public sector/ Govt), in the absence of experience certificate, should submit copy of **Appointment / Offer letter issued by the company, latest Pay Slip / copy of last Pay drawn as proof of experience. For past employment, experience certificate indicating the date of joining as well as relieving should be submitted. During the certificate verification process, the candidates should produce all certificates in original to establish the experience claimed in their online application, failing which they shall not be considered for further selection.**"

2. If you are not satisfied with the above reply, you may prefer an appeal within 30 days from the date of receipt of this letter to Shri Bejoy Bhasker, Director (Technical) & Appellate Authority, Cochin Shipyard Limited, Administrative Building, Cochin Shipyard Premises, Perumanoor, Kochi – 682 015.

Thanking You,



Yours faithfully,

**Syamkamal N**

**Company Secretary & CPIO**



**COCHIN SHIPYARD LIMITED**  
A GOVERNMENT OF INDIA ENTERPRISE  
A MINI RATNA COMPANY UNDER THE MINISTRY OF SHIPPING

**RECRUITMENT POLICY IN COCHIN SHIPYARD LTD**  
**CSL/QMS/P&A/PCMM/STAFFING 03**

**41. Joining time:**

- 41.1 While returning the duplicate copy of appointment, the acknowledgement part of the offer of appointment shall be filled by the candidate where the candidate can fill in the expected date of joining.
- 41.2 Candidates who are employed in other firms shall be permitted joining time to cover the notice period if any as per the contract with their present employer, but not more than three months for regular posts and maximum of one month for contract personnel & trainees. Extension in joining as above shall also be permitted owing to personal /medical exigencies depending on merit of the case.
- 41.3 Approval of the Competent Authority shall be sought for any extension beyond three months for regular posts and beyond one month for contract personnel & trainees.
- 41.4 In the case of Executive trainees, generally all trainees are expected to join on a same date. However, they may be permitted an extension in joining time of one month from date of joining stipulated in the offer, in case of other employment or personal / medical exigencies. Approval of the Competent Authority shall be sought for any further extension beyond one month.
- 41.5 In the event of a candidate not joining the post offered to him/ her within the prescribed time schedule, or even after the sanctioned extended joining time or there is no written or e-mail communication from the candidate, the offer of appointment issued to the candidate shall be deemed to have been withdrawn and P&A department shall cancel the candidature of the candidate without any notice / further extension of time/ correspondence.
- 41.6 Depending on the urgency of filling the vacant post, CSL reserves the right to fix a last date by which the candidate must join CSL and the same shall be informed to the candidate, failing which the offer of appointment shall be deemed to have been withdrawn.





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A MINI RATNA COMPANY UNDER THE MINISTRY OF SHIPPING

RECRUITMENT POLICY IN COCHIN SHIPYARD LTD  
CSL/QMS/P&A/PCMM/STAFFING 03

### **43. Joining Formalities:**

- 43.1 The joining process shall be done in the forenoon session as far as feasible.
- 43.2 Candidates in the initial appointment in CSL shall furnish copies of all documents and other details & particulars as given in the checklists annexed with their offer. Formats of checklists and forms to be filled are at **Annexures 56 (A) to 56 (L)**.
- 43.3 Prior to joining, candidates shall upload soft copy of a recent passport size colour photograph citing name, proposed designation and other personal details via Google forms (as mentioned in the checklist), for updation in SAP HR Master Data.
- 43.4 The candidates appointed to regular posts are required to submit Personal Attestation Form in duplicate, and Character certificates from two Gazetted officers of Central / State Government.
- 43.5 An undertaking shall be submitted by all candidates appointed to regular posts, regarding the self-declaration of information given in the application to CSL. Format of the undertaking is at **Annexure 57**.
- 43.6 Candidates appointed against all posts shall also submit a Police Clearance Certificate from the Station House Officer of the area where he/she presently resides. The certificate shall be collected after the receipt of offer of appointment from CSL.
- 43.7 On the day of joining, the candidates shall submit all the documents required as per the checklist, to P&A department for verification. The originals of educational & experience certificates shall be verified and returned to the candidates.
- 43.8 In case of internal candidates appointed to a higher grade by direct recruitment, all previous service period shall be carried forward, and action to appoint the employee to the higher grade shall be done in his/her existing employee code number. The requirement to submit police clearance and character certificates shall be waived in their case.
- 43.9 Seniority of candidates joining CSL shall be determined based on the date of their joining the post for which they are selected. If one or more persons join the same grade on either the same forenoon or same afternoon, their inter-se-seniority shall be fixed on the basis of the rank list. If two persons join, on the same day, one in the forenoon and the other in the afternoon, the one who joined in the forenoon shall be the senior.
- 43.10 However, in case of executive trainees joining after one month from the date specified in the offer, their inter-se-seniority shall not be dependent on the rank list, but their date of joining in CSL.

43.11 Format of the joining report to be filled in by the candidates is at **Annexure 58**.

REVISION A01

DATE: 01 AUG 2020

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**Checklist of joining formalities**

Sl No	Particulars	Remarks
1	Duplicate copy of offer signed on all pages as token of acceptance along with acknowledgement portion duly filled	To be e-mailed to <a href="mailto:career.contract@cochinshipyard.com">career.contract@cochinshipyard.com</a> within 3 days of receipt of offer and to be submitted at the time of joining.
2	Police Clearance Certificate	To be submitted at the time of joining along with self attested copies of Sl Nos. 3 to 6
3	Application print-out and Original certificates of qualification & work experience (with discharge certificate from present employer)	
4	Caste Certificate (if applicable)	
5	Disability Certificate (if applicable)	
6	Copy of passport, PAN card, Aadhaar ( <b>please ensure that name and date of birth in Aadhaar matches with that in SSLC/10th Std Certificate</b> )	
7	EPF Member Pass book	
8	Recent passport size colour photograph	To be e-mailed to <a href="mailto:career.contract@cochinshipyard.com">career.contract@cochinshipyard.com</a> within 3 days of receipt of offer. Copies to be submitted at the time of joining.
9	Front page of Savings Bank account pass book (containing account number & IFSC code) and PAN Card	
10	Upload soft copy of the recent passport size colour photograph citing Name, proposed designation and other personal details.	To be filled at the time of joining vide e-mail from <a href="mailto:csl.dataupload@gmail.com">csl.dataupload@gmail.com</a>
11	Medical Reports with Test reports/investigation reports including X Ray Films (in original)	To be submitted at the time of joining



4

**Checklist of joining formalities**

Sl No	Particulars	Remarks
1	Duplicate copy of offer signed on all pages as token of acceptance along with acknowledgement portion duly filled	To be e-mailed to <a href="mailto:career.regular@cochinshipyard.com">career.regular@cochinshipyard.com</a> within 3 days of receipt of offer and to be submitted at the time of joining.
2	Attestation Forms - 2 copies	To be submitted at the time of joining along with self attested copies of Sl Nos. 6 to 12
3	Character Certificate - 2 nos	
4	Police Clearance Certificate	
5	Form of undertaking	
6	Online application print-out (with Registration number) and Original certificates of qualification & work experience (with discharge certificate from present employer)	
7	Caste Certificate (if applicable)	
8	Disability Certificate (if applicable)	
9	Copy of passport, PAN card, Aadhar ( <b>please ensure that name and date of birth in Aadhar matches that in SSLC/10th Std Certificate</b> )	
10	Declaration of Marital status	
11	Recent passport size colour photograph	
12	EPF Member Pass book	
13	Front page of Savings Bank account pass book (containing account number & IFSC code) and PAN Card	To be e-mailed to <a href="mailto:career.regular@cochinshipyard.com">career.regular@cochinshipyard.com</a> within 3 days of receipt of offer
14	Upload of Soft copy of the recent passport size colour photograph citing Name, proposed designation and other personal details	To be filled at the time of joining vide e-mail from <a href="mailto:csl.dataupload@gmail.com">csl.dataupload@gmail.com</a>
15	Reports of Medical examination, investigation reports and undertaking from the hospital	To be submitted at the time of joining



# COCHIN SHIPYARD LIMITED

(A Government of India Enterprise)

COCHIN - 15

## PERSONAL DATA SHEET

1. Name :
2. Post held in Cochin Shipyards Limited :
3. Permanent Home address :
4. Local address :
5. Nationality :
6. Caste if SC/ST :
7. Date of birth :
8. Languages known :
  1. To speak :
  2. Read :
  3. Write :
9. Academic & Professional qualifications :

Degree / Diploma (SSLC onwards)	University / Institution	Special Subjects	Class & Rank	Year of Passing

PTO





10. Previous experience and training

Employer	Post held	Period		Pay and reason for leaving
		From	To	

11. Details of foreign training if any :-

Period				Pay and reason for leaving
From	To			

12. Details of published papers, if any :

13. Membership of professional Association if any :

14. Any other particulars :

Signature :

Designation :

Date :

15. Any change in particulars should be notified to the personnel Department as and when occurs.



### **ATTESTATION FORM**

**WARNING :**

Furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification, and is likely to render the candidate unfit for employment in Cochin Shipyard Limited.  
(A Government of India Enterprise)

Affix signed passport  
- size photograph

2. If detained, convicted, debarred etc., subsequent to the completion and submission of this form, the details should be communicated immediately to the authority to whom the attestation form has been sent earlier failing which it will be deemed to be a suppression of factual information.
3. If the fact that false information has been furnished or that there has been suppression of any factual information in the Attestation Form comes to the notice at any time during the service of a person, his services would be liable to be terminated.

	SURNAME	NAME
1. Name in full (in block capitals) with alias, if any Please indicate if you have added or dropped in any stage any part of your name or surname)		
2. Present address in full (i.e., Village, Thana and District, or House Number, Lane / Street / Road and Town / Pin Code)  Telephone No. : E-mail :		
3. (a) Home address in full (i.e., Village, Thana and District, or House Number, Lane / Street / Road and Town and name of District Headquarters)		
(b) If originally a resident of Pakistan, the address in that country and the date of migration to Indian Union.		



4. Particulars of places (with periods of residences) where you have resided for more than one year at a time during the preceding five years, in case of stay abroad (including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 21 years, should be given :

From	To	Residential addresses, in full (i.e., Village, Thana and District or House Number, Lane / Street / Road and Town	Name of the District Headquarters of the place mentioned in the preceding column

5.	(a) Name	Nationality (by birth and or by domicile	Place of Birth	Occupation (if employed give designation & official address) - if retired details as on date of retirement	Present Postal Address (if dead give last address)	Permanent Home Address
	i) Father (Name in full with alias, if any)					
	ii) Mother					
	iii) Wife/ Husband					
	iv) Brother(s)					
	v) Sister(s)					



5. (b) Information to be furnished with regard to son(s) and / or daughter(s) in case they are studying / living in a foreign country.

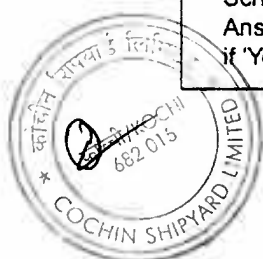
Name	Nationality (by birth and / or by domicile)	Place of birth	Country in which studying / living with full address	Date from which studying / living in the country mentioned in previous column

6. Nationality :

7. (a) Date of birth (a)  
(b) Present Age (b)  
(c) Age at Matriculation (c)

8. (a) Place of birth, district and State in which situated (a)  
(b) District and State to which you belong (b)  
(c) District and state to which your father originally belong (c)

9. (a) Your Religion (a)  
(b) Are you a member of a Scheduled Caste / Scheduled Tribe? (b)  
Answer 'Yes' or 'No' and if the answer if 'Yes' state the name thereof.



10. Educational qualifications showing places of education with years in schools and colleges since 15th year of age :

Name of School / College with full address	Date of entering	Date of leaving	Examination passed

11. (a) Are you holding or have held an appointment under the Central or State Government or a Semi Government or a Quasi Government Body or Public Undertaking or a Private Undertaking or a Private Firm or Institution? If so, give full particulars with dates of employment, up-to-date.

Period	Designation, emoluments and nature of employment	Full name and address of employer	Reasons for leaving previous service



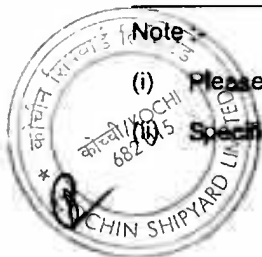
11. (b) If the previous employment was under the Government of India / State Govt. / an undertaking owned or controlled by the Body / University / a Local Body if you had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rules, 181965 or any similar corresponding rules, where any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice to termination of service at a subsequent date before your services were actually terminated?

- |            |                                                                                                                                                                                                                                                                                                          |          |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 12. (i) a. | Have you ever been arrested?                                                                                                                                                                                                                                                                             | Yes / No |
| b.         | Have you ever been prosecuted?                                                                                                                                                                                                                                                                           | Yes / No |
| c.         | Have you ever been kept under detention?                                                                                                                                                                                                                                                                 | Yes / No |
| d.         | Have you ever been bound down?                                                                                                                                                                                                                                                                           | Yes / No |
| e.         | Have you ever been fined by a Court of Law?                                                                                                                                                                                                                                                              | Yes / No |
| f.         | Have you ever been convicted by a Court of Law for any offence?                                                                                                                                                                                                                                          | Yes / No |
| g.         | Have you ever been debarred from any examination or rusticated by any University or any other educational authority / institution?                                                                                                                                                                       | Yes / No |
| h.         | Have you ever been debarred / disqualified by any Public Service Commission for any of its examinations / selections?                                                                                                                                                                                    | Yes / No |
| i.         | Is any case pending against you in any University or any other educational authority / Institution at the time of filling up this Attestation Form?                                                                                                                                                      | Yes / No |
| ii)        | If the answer to any of the above mentioned questions is 'Yes' give full particulars of the case / arrest / detention / fine / conviction / sentence / punishment etc. and or the nature of the case pending in the Court / University / Educational Authority etc. at the time of filling up this form. |          |

Note -

(i) Please also see the 'Warning' at the top of this Attestation Form.

(ii) Specific answers to each of the questions should be given striking out 'Yes' or 'No' as the case may be.



13. Name of two responsible persons of your locality or two references to whom you are known.

1

2

I certify that the forgoing information is correct and complete to the best of my knowledge and belief, I am not aware of any circumstances which might impair my fitness for employment in Cochin Shipyard Limited (A Government of India Enterprise).

Signature of Candidate

Date

Place

**IDENTITY CERTIFICATE**

Certificate to be signed by any one of the following:-

- i) Gazetted Officers of Central or State Government;
- ii) Members of Parliament or State Legislature belonging to the Constituency where the candidate or his parent / guardian is ordinarily resident;
- iii) Sub-Divisional Magistrate / Officers
- iv) Tahsildars, or Naik / Dy. Tahsildars, authorised to exercise magisterial powers;
- v) Principal / Headmaster of the recognised School / College / Institution where you studied last;
- vi) Postmaster and
- vii) Panchayat Inspectors

Certified that I have known Shri / Smt/ Kum.....

..... son / daughter of

Shri..... for the last

..... years ..... Months and that to the best of my knowledge and belief the particulars

furnishing by him / her are correct.

Signature

Designation or Status  
and Address

Place :

Date



**TO BE FILLED BY THE OFFICE**

i) Name, designation and full address of the appointing authority

COCHIN SHIPYARD LIMITED  
COCHIN - 682 015.

ii) Post for which the candidate is being considered

|





### CHARACTER CERTIFICATE

Certified that I have known Mr / Miss / Mrs .....  
..... Son / Daughter of Mr .....  
for the last ..... years..... months and that to the best of  
my knowledge and belief he / she bears reputable character and has no antecedents which render  
him / her unsuitable for Government employment.

2 Mr / Miss / Mrs..... is not related to me.

Place :  
Date :

Signature :  
Designation :  
(Seal)

### CHARACTER CERTIFICATE

Certified that I have known Mr / Miss / Mrs .....  
..... Son / Daughter of Mr .....  
for the last ..... years..... months and that to the best of  
my knowledge and belief he / she bears reputable character and has no antecedents which render  
him / her unsuitable for Government employment.

2 Mr / Miss / Mrs..... is not related to me.

Place :  
Date :

Signature :  
Designation :  
(Seal)





# कोचीन शिपयार्ड लिमिटेड, कोच्ची-15

## COCHIN SHIPYARD LIMITED, KOCHI-15

उपदान और भविष्य निधि देय राशि को छोड़कर अन्य सभी लाभों के लिए नामांकन प्रपत्र

FORM OF NOMINATION FOR ALL BENEFITS OTHER THAN GRATUITY & PROVIDENT FUND DUES

नामांकन / NOMINATION

गुप्त / CONFIDENTIAL

- कर्मचारी का नाम (मोटे अक्षरों में)  
Name of Employee (in block letters) : .....  
डी एस ई कोड सं /  
DSE Code No. : .....  
कुलनाम / Surname : .....
- लिंग / Sex : .....
- धर्म / Religion : .....
- पिता का नाम / Father's Name : .....
- पति का नाम (केवल विवाहित स्त्रियों के लिए)  
Husband's Name (for married women only) : .....
- वैवाहिक स्थिति (यदि विवाहित, अविवाहित, विधवा या विधुर)  
Marital status (whether married, unmarried, widow or widower) : .....
- जन्म तिथि / Date of birth : दिवस/Day ..... महीना/Month .... वर्ष/Year ...
- स्थायी पता / Permanent Address : .....  
.....  
.....

गाँव/Village.....तालूक/Taluk उप प्रभाग/Sub Division.....

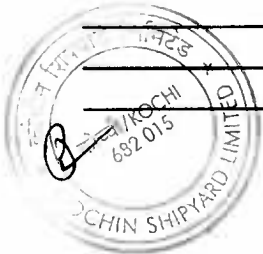
जिला/District..... डाक घर/Post Office .....

थाना/Thana.....राज्य/State.....

मेरी मृत्यु होने पर उपदान और भविष्य निधि देय राशि को छोड़कर अन्य सभी राशियाँ प्राप्त करने के लिए निम्नलिखित व्यक्ति (यों) को नामित किया जाता है और निदेश दिया जाता है कि उक्त राशि उक्त व्यक्तियों को नीचे उनके नाम के सामने सूचित प्रकार वितरित की जाएगी।

I hereby nominate the person(s) mentioned below to receive all amounts other than gratuity and Provident fund dues in the event of my death and direct that the said amounts shall be distributed among the said persons in the manner shown against their names as follows.

नामित व्यक्ति या व्यक्तियों का नाम व पता Name & Address of nominee or nominees	कर्मचारी से नामित व्यक्ति का संबंध Nominee's relationship with employee	नामित व्यक्ति की आयु Age of Nominee	नामित प्रत्येक व्यक्ति को उपदान का कितना अंश देना है। Amount or share of benefit to be paid to each nominee



प्रमाणित किया जाता है कि मुझे परिवार नहीं है और इसके बाद में एक परिवार उपार्जित करने पर उपर्युक्त नामांकन रद्द माना जाएगा तथा यदि मुझसे इस संबन्ध में एक नया नामांकन नहीं प्रस्तुत किया जाए तो समान रूप से उपदान की राशि के लिए स्वयमेवा मेरी पत्नी और बच्चे हकदार होगा।

\*1. I CERTIFIED that I have no family and should I acquire a family hereafter the above nomination should be deemed as cancelled and automatically my wife and children will be eligible for the amount equally unless a fresh nomination in this regard is submitted by me.

प्रमाणित किया जाता है कि मेरा पिता / माता मुझ पर आश्रित है।

\*2. CERTIFIED that my father/mother are dependent upon me.

201 ..... वीं महीने के ..... वीं दिवस को ..... बजे

Dated this ..... the day of ..... 201 ..... at.....

साक्षियों/The Witnesses to Signature:

कर्मचारी का हस्ताक्षर/(Signature of Employee)

नाम व पता/Name and address

हस्ताक्षर/Signature

1) .....

.....

.....

2) .....

.....

.....

(निम्नलिखित केवल अनपढ़ सदस्यों के लिए लागू है) (The following is applicable to illiterate members only)

प्रमाणित किया जाता है कि उपर्युक्त घोषणा / मुझसे उन्हें पढ़ सुनाकर मेरे आगे श्री/श्रीमती ..... द्वारा हस्ताक्षर किया गया है।

CERTIFIED that above declaration has been signed by Shri / Smt ..... before me after the entries have been read over to him / her by me.

मोहर व हस्ताक्षर

दिनांक/Dated.....

Seal and Signature

उन शब्द लागू नहीं है, वे काट दें

\* Delete inapplicable words

1 सीएसएल में पदभार ग्रहण करते समय जिन कर्मचारियों अविवाहित है, उन्हें द्वारा प्रमाणित किया जाना है।  
To be certified by employees who are not married at the time of joining CSL.

2 आश्रित माता-पिता होने वाले जिन कर्मचारियों द्वारा प्रमाणित किया जाना है।  
To be certified by employees who have dependent parents.



**New Form No. 11 - Declaration Form**  
(To be retained by the employer for future reference)

**EMPLOYEES' PROVIDENT FUND ORGANISATION**

Employee's Provident Funds 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	
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.	Date: (Male/Female/Transgender)	
5.	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)	
6.	(a) Email ID: (b) Mobile No.:	
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
9.	<b>Previous employment details: [if Yes to 7 AND/OR 8 above]</b>	
	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)	
10.	e) Pension Payment Order (PPO) No. (if issued)	
	a) International Worker:	Yes / No
	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.	<b>KYC Details: (attach self attested copies of following KYCs)</b>	
	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 accounts 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:

Place:

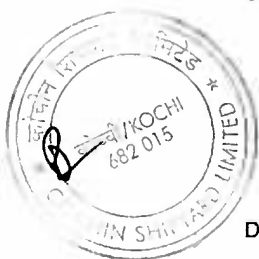
Signature of Member

**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-13) for transfer of funds from his previous establishment.

Date:

Signature of Employer with Seal of Establishment





**कोचीन शिपयार्ड लिमिटेड कर्मचारी समूह उपदान व जीवन बीमा योजना**  
**COCHIN SHIPYARD LIMITED EMPLOYEES GROUP GRATUITY**  
**CUM LIFE ASSURANCE SCHEME**

नामांकन / NOMINATION  
 प्रपत्र सं 40-A / FORM 40-A

गुप्त / CONFIDENTIAL

- कर्मचारी का नाम (मोटे अक्षरों में)  
 Name of Employee (in block letters) : .....  
 डी एस ई कोड सं /  
 DSE Code No. : .....  
 कुलनाम / Surname : .....
- लिंग / Sex : .....
- धर्म / Religion : .....
- पिता का नाम / Father's Name : .....
- पति का नाम (केवल विवाहित स्त्रीयों के लिए)  
 Husband's Name (for married women only) : .....
- वैवाहिक स्थिति (यदि विवाहित, अविवाहित, विधवा या विधुर)  
 Marital status (whether married, unmarried, widow or widower) : .....
- जन्म तिथि / Date of birth : दिवस/Day ..... महीना/Month ..... वर्ष/Year .....
- स्थायी पता / Permanent Address : .....  
 .....  
 .....

गाँव / Village ..... तालूक / Taluk उप प्रभाग / Sub Division .....

जिला / District ..... डाक घर / Post Office .....

थाना / Thana ..... राज्य / State .....

जो राशि देय होने के पूर्व या, देय होने पर, नहीं दिया गया है, मेरी मृत्यु होने पर उपदान की राशि प्राप्त करने के लिए निम्नलिखित व्यक्ति (यों) को नामित किया जाता है और निदेश दिया जाता है कि उक्त राशि उक्त व्यक्तियों को नीचे उनके नाम के सामने सूचित प्रकार वितरित की जाएगी।

I hereby nominate the person(s) mentioned below to receive the amount of gratuity in the event of my death before that amount becomes payable or having become payable, has not been paid, and direct that the said amount shall be distributed among the said persons in the manner shown against names as

नामित व्यक्ति या व्यक्तियों का नाम व पता Name & Address of nominee or nominees	कर्मचारी से नामित व्यक्ति का संबंध Nominee's relationship with employee	नामित व्यक्ति की आयु Age of Nominee	नामित प्रत्येक व्यक्ति को उपदान का कितना अंश देना है। Amount or share of Gratuity to be paid to each nominee



प्रमाणित किया जाता है कि मुझे परिवार नहीं है और इस के बाद में एक परिवार उपार्जित करने पर उपर्युक्त नामांकन रद्द माना जाएगा तथा यदि मुझसे इस संबंध में एक नया नामांकन नहीं प्रस्तुत किया जाए तो समान रूप से उपदान की राशि के लिए स्वयमेवा मेरी पत्नी और बच्चे हकदार होगा।

- \*1. I CERTIFIED that I have no family and should I acquire a family hereafter the above nomination should be deemed as cancelled and automatically my wife and children will be eligible for the amount equally unless a fresh nomination in this regard is submitted by me.

प्रमाणित किया जाता है कि मेरा पिता / माता मुझ पर आश्रित है।

- \*2. CERTIFIED that my father / mother are dependent upon me.

201 ..... वीं महीने के ..... वीं दिवस को ..... बजे

Dated this ..... the day of ..... 201 ..... at .....

साक्षियां / The Witnesses to Signature:

कर्मचारी का हस्ताक्षर (Signature of Employee)

नाम व पता / Name and address

हस्ताक्षर / Signature

1) .....

.....

.....

2) .....

.....

.....

(निम्नलिखित केवल अनपढ़ सदस्यों के लिए लागू है) (The following is applicable to illiterate members only)

प्रमाणित किया जाता है कि उपर्युक्त घोषणा / मुझसे उन्हें पढ़ सुनाकर मेरे आगे श्री / श्रीमती ..... द्वारा हस्ताक्षर किया गया है।

CERTIFIED that above declaration has been signed by Shri / Smt ..... before me after the entries have been read over to him / her by me.

मोहर व हस्ताक्षर

दिनांक Dated.....

Seal and Signature

उन शब्द लागू नहीं है, वे काट दें

\* Delete inapplicable words

1. सीएसएल में पदभार ग्रहण करते समय जिन कर्मचारियों अविवाहित है, उन्हें द्वारा प्रमाणित किया जाना है।  
To be certified by employees who are not married at the time of joining CSL.

2. आश्रित माता-पिता होने वाले जिन कर्मचारियों द्वारा प्रमाणित किया जाना है।  
To be certified by employees who have dependent parents.



### **DECLARATION**

I Shri/Smt/Kum ..... declare as

under:-

- \* (i) That I am unmarried/a widower/a widow
- \* (ii) That I am married and have only one wife living
- \* (iii) That I am married and have more than one wife living. Application for grant of exemption is enclosed.
- \* (iv) That I am married and that during the live time, of my spouse I have contracted another marriage. Application for grant of exemption is enclosed.
- \* (v) That I am married and my husband has no other living wife, to the best of my knowledge.
- \* (vi) That I have contracted a marriage with a person who has already one wife or more living. Application for grant of exemption is enclosed.

@ 2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date:

Signature

### **NOTE**

- \* Please delete clauses not applicable

Applicable in the case of Clauses (i), (ii) and (iii) only





## COCHIN SHIPYARD LIMITED

KOCHI - 15

1. Name of Employee :
2. Designation & Code No. :
3. Marital Status :
4. Residential Address :
5. Age of (1) employee :
6. No. of living children :
7. Age of last child :
8. If the couple is in the reproductive age group (wife's age between 15 and 44 years) whether they are adopting any family planning method?  
(a) Yes / No :
- If Yes, what method :
9. Not applicable

Signature





# कोचीन शिपयार्ड लिमिटेड COCHIN SHIPYARD LIMITED

कोच्ची / Kochi - 682 015

कर्मचारी कोड सं.  
Employee Code No:

## अधिकारियों और पर्यवेक्षकों के लिए ग्रुप मेडिकलेम पॉलिसी GROUP MEDICLAIM POLICY FOR OFFICERS AND SUPERVISORS कवरेज के लिए पात्र आश्रितों से संबंधित घोषणा

### DECLARATION RELATING TO DEPENDANTS ELIGIBLE FOR COVERAGE

कर्मचारी का नाम Name of employee	पदनाम Designation	सीएसएल में कार्यभार ग्रहण करने की तिथि Date of joining in CSL	वैवाहिक स्थिति Marital Status	विवाह की तिथि Date of Marriage

वर्तमान आवासीय पता Present residential address	क्या कोच्ची निगम के अंतर्गत है Whether within Corporation of Cochin	पति/ पत्नी का रोजगार विवरण / EMPLOYMENT DETAILS OF SPOUSE	
		पति/पत्नी का नाम Name of spouse	
		पदनाम Designation	
दूरभाष सं. Phone No.	जी हां / जी नहीं Yes / No	नियोक्ता का नाम व पता Name & Address of employer	
स्थायी पता Permanent Address		क्या नियोक्ता से कोई चिकित्सा सहायता के लिए पात्र है Whether eligible for any medical assistance from the employer	

योजना के अधीन चिकित्सा सहायता के लिए पात्र परिवार सदस्यों (स्वयं सहित) का विवरण

Particulars of family members (including self) eligible for Medical Assistance under the Group Mediclaim Policy

क्र.सं. Sl. No	नाम / Name	जन्मतिथि Date of Birth	1 जनवरी..... को आयु/ Age as on 1 Jan....	संबंध Relationship	मासिक आय का स्रोत Monthly Income* Source of Income	क्या कर्मचारी के साथ रहते हैं Whether residing with employee

आश्रित का नाम जो कर्मचारी के साथ नहीं रहते हैं और उनके आवासीय पता

The Names of dependants who do not stay with the employee and their residential address.

क्र.सं. Sl.No.	आश्रित का नाम Name of dependant	आवासीय पता Residential address	दूर रहने का कारण Reasons for staying away

Note: Applicable to Officers & Supervisors

They are outside the purview of CSL Medical Assistance Scheme and are covered under a Group Mediclaim Policy

Dependants include spouse, children and dependant parents only (Brother, Sister and Parents-in-law, employed children and married children are not dependants)

Maximum 6 (six) persons including the employee will be covered under the mediclaim policy

Additions to the list of dependants shall be made by a revised declaration submitted, within three months of commencement of a financial year i.e latest by 30 June in every year. Additions to the list of dependents with effect from 01 July will be included in the next year only.

### घोषणा/DECLARATION

I declare that all facts stated above are true and that I shall intimate the changes within seven days of its occurrence.

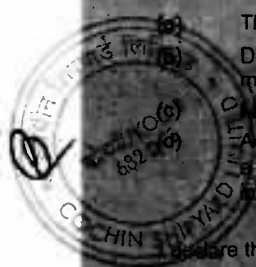
हस्ताक्षर / Signature

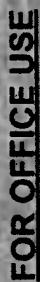
नाम / Name

स्थान / Place:

तिथि / Date :

दूरभाष विस्तार सं / Phone extn No:





Change of Residential address Subsequently Reported  
(Any change of residence of employee's family/ dependant parents should be  
intimated to Personnel Department within one week of such change)

[illegible]

**PERSONAL DETAILS FOR CSL ACCESS CONTROL CUM**  
**IDENTITY CARD**

<b>Name</b>												
<b>Code Number</b>												
<b>Residential Address</b>												
<b>Telephone: Residence/Cell</b>												
<b>Contact number In Case of Emergency (ICE)</b>												
<b>Signature</b>												



Code No.

**COCHIN SHIPYARD LIMITED**

**Kochi - 682 015**

**GROUP MEDICLAIM POLICY FOR INDIRECT CATEGORIES OF OFFICERS/SUPERVISORS**

**DECLARATION RELATING TO DEPENDANTS ELIGIBLE FOR COVERAGE UNDER MEDICLAIM POLICY**

Name of officer/supervisor on fixed term contract	Date of Joining in CSL	Marital Status	Date of Marriage

Present Residential Address:	Employment Details of Spouse	
	Name of Spouse	
	Designation	
Phone Number:	Name & Address of Employer	
Permanent Address:	Whether eligible for medical assistance from the Employer	

Particulars of family members eligible for coverage under Mediclaim Policy (Maximum four persons of a family unit consisting of Self, Spouse and children. Parents are not covered under the Scheme)

S.N	Name	Date of Birth	Age as on 01 Jan 2019	Relationship

**DECLARATION**

- I declare that all facts stated above are true and that I shall intimate the company in writing whenever there is a change in the particulars and ensuring declaration, within seven days of its occurrence.
- I further declare that in respect of my dependants who are over 18 years of age that they are wholly dependant upon me, and that they are not covered by any other medical assistance scheme.
- I further declare that if it is revealed that I have suppressed any information or when a false declaration/claim, I am liable for appropriate disciplinary action under relevant rules of the Company and without prejudice to such other recovery of dues as deemed fit.

Signature :

Name:

Phone Extn. No.

Place:  
Date:



**(Stamp Paper value of Rs 200/-)**

**UNDERTAKING**

I..... do hereby certify that I have understood the terms and conditions stipulated in the offer of appointment dated..... issued to me on my selection to the post of.....

I confirm that the information and particulars submitted in my application are true and correct and I have not suppressed/concealed any factual information while submitting the application. I also confirm that the certificates and other relevant documents submitted by me along with the application form are genuine in all respects.

Further I hereby unconditionally undertake that, I will accept the decision of CSL to cancel the appointment in the company, if later on it is found that false information has been furnished or factual information has been suppressed or false/bogus certificate has been submitted to establish my eligibility for the post. I am also aware that the company has absolute right to initiate criminal proceedings without prejudice to cancellation of my appointment and I am liable to pay to CSL the cost incurred for selection and further CSL can recover payments made to me towards remuneration during employment or such other damages suffered and intimated by CSL.

Signature:

Name:

Designation:

**Witnesses**



From

.....  
.....  
.....  
.....

Ph. No. (Mob) :  
(Res) :

To

The Chief General Manager (HR&Trg)  
Cochin Shipyard Limited  
Kochi - 682 015.

Sir,

Ref: No. P&A/18(211)/2019 dated 16.01.2020

I hereby report for duty as ..... on the  
forenoon of .....

Yours faithfully,

Signature :

Name :

PAN \* :

Kochi - 15

Date :



***\*Please note that if you fail to provide Pan Number, Tax @ 20% will be deducted from the salary***