

INDEX OF JOINING FORMS

Sr. No.	Description of Form	Applicability		
		Management Trainee	SAM After completion of Training	Other posts under Direct Recruitment
1	Joining Report	Yes	Yes	Yes
2	Undertaking for production of documents	Yes	Yes	Yes
3	Form of CPF Nomination (Single Nominee)	No	Yes	Yes
4	Form of CPF Nomination (More than one Nominee)	No	Yes	Yes
5	Surety Bond	Yes	Yes	Yes
6	Declaration of fidelity and secrecy	Yes	Yes	Yes
7	Declaration regarding marital status	Yes	Yes	Yes
8	Payment of Gratuity (Form 'F')	No	Yes	Yes
9	Medical fitness certificate	Yes	No	Yes
10	Character Certificate	Yes	No	Yes
11	Certificate for proficiency in Hindi	Yes	No	Yes
12	Attestation form	Yes	No	Yes
13	Form for lump-sum compensation in lieu of compassionate appointment	No	Yes	Yes
14	Form for registration of employees in pension scheme	No	Yes	Yes

**CENTRAL WAREHOUSING CORPORATION
(A GOVT. OF INDIA UNDERTAKING)**

JOINING REPORT

I hereby report for duty in Central Warehousing Corporation as _____ with effect from the _____ of _____.

I also furnish following particulars regarding myself:

1. Name _____
2. Father's Name _____
3. Nationality _____
4. Date of Birth (Proof should be produced) _____
5. Present Address _____

6. Whether belongs to Scheduled Caste/Scheduled Tribe/OBC/PH (Proof should be produced) _____
7. Permanent Address (Home Town) _____

8. Previous post(s) held, if any with dates _____
9. Whether married or unmarried _____
10. Educational Qualification (Original certificate should be produced) _____
11. Personal marks of identification _____

Signature _____
Designation _____
Station _____

Undertaking for Production of Documents

I....., undertake to produce all original documents along with one set of photocopy as mentioned in the offer of appointment for verification at the time of joining in CWC. I do undertake to produce any / all Original documents for verification to CWC authorities, if called for at any stage, if need so arise.

Signature

Name (in BLOCK letters)

Address :

.....

To,

SAM (R&P)-I, Personnel Division
Central Warehousing Corporation
4/1, Siri Institutional Area, August Kranti Marg
Hauz Khas, New Delhi – 110 016

FORM OF NOMINATION

(WHEN THE SUBSCRIBER HAS A FAMILY AND WISHES TO NOMINATE ONE PERSON THEREOF)

The Trustees,
Central Warehousing Corporation,
Employee's Provident Fund,
New Delhi-110016.

Gentlemen,

I hereby nominate the person mentioned below who is a member of my family as defined in regulation 16 of Central Warehousing Corporation Employee's Provident Fund Regulations, 1962 to receive the amount that may stand to my credit in the Fund in the event of my death before the amount has become payable, or having become payable has not being paid.

NAME AND ADDRESS OF THE NOMINEE	RELATIONSHIP WITH THE SUBSCRIBER	AGE	CONTINGENCIES OF THE HAPPENNING OF WHICH THE NOMINATION SHALL BECOME INVALID	NAME, ADDRESS, AGE & RELATIONSHIP OF THE PERSON IF ANY TO WHOM THE RIGHT OF THE NOMINATION SHALL PASS IN THE EVENT OF HIS PRE-DECEASING THE SUBSCRIBER OR TO WHOM THE PAYMENT SHOULD BE MADE DURING THE MINORITY OF THE NOMINEE
(1)	(2)	(3)	(4)	(5)
(NOTE: SHOULD BE FILLED ONLY IN CAPITAL LETTERS)				

Dated this _____ day of _____ 20__ at _____

Two witness to subscriber's signature

1. Name and Signature: _____

Address: _____

2. Name and Signature: _____

Address: _____

Signature _____

Subscriber's Name: _____

Father's/Husband Name: _____

Designation: _____

Date of Birth: _____

Date of Appointment in CWC: _____

Nomination accepted for Central Warehousing Corporation Employee's Provident Fund

Subscriber's Signature verified by me

Name and Designation of immediate superior authority with official seal.

AUTHORISED SIGNATORY

FORM OF NOMINATION

(WHEN THE SUBSCRIBER HAS A FAMILY AND WISHES TO NOMINATE MORE THAN ONE MEMBER THEREOF)

The Trustees,
Central Warehousing Corporation,
Employee's Provident Fund,
New Delhi-110016.

Gentlemen,

I hereby nominate the person mentioned below who is a member of my family as defined in regulation 16 of Central Warehousing Corporation Employee's Provident Fund Regulations, 1962 to receive the amount that may stand to my credit in the Fund in the event of my death before the amount has become payable, or having become payable has not being paid.

NAME AND ADDRESS OF THE NOMINEES	RELATIONSHIP WITH THE SUBSCRIBER	AGE	AMOUNT OF SHARE OF ACCUMULATION TO BE PAID TO EACH (PLEASE SEE BELOW)	CONTINGENCIES OF THE HAPPENING OF WHICH THE NOMINATION SHALL BECOME INVALID	NAME, ADDRESS, AGE & RELATIONSHIP OF THE PERSON IF ANY TO WHOM THE RIGHT OF THE NOMINATION SHALL PASS IN THE EVENT OF HIS PRE-DECEASING THE SUBSCRIBER OR TO WHOM THE PAYMENT SHOULD BE MADE DURING THE MINORITY OF THE NOMINEE
(1)	(2)	(3)		(4)	(5)
(NOTE: SHOULD BE FILLED ONLY IN CAPITAL LETTERS)					

Dated this _____ day of _____ 20__ at _____

Two witness to subscriber's signature

1. Name and Signature: _____

Address: _____

2. Name and Signature: _____

Address: _____

Signature _____

Subscriber's Name: _____

Father's/Husband Name: _____

Designation: _____

Date of Birth: _____

Date of Appointment in CWC: _____

Nomination accepted for Central Warehousing Corporation Employee's Provident Fund

Subscriber's Signature verified by me

Name and Designation of immediate superior authority with official seal.

AUTHORISED SIGNATORY

SURETY BOND

KNOWN ALL MEN BY THESE PRESENT THAT WE (1) _____

_____ Son of Shri _____ and _____
(Name of the Employee)

_____ son of Shri _____ do hereby bind ourselves
(Name of the Surety)

jointly and severally and our respective heirs, executors, administrator to pay the Central Warehousing Corporation on demand a sum of Rs. _____ (Rupees _____ only) dated this ____ day of Two Thousand _____.

1. _____
Name of the Employee

2. _____
Name of the Surety

1. _____
Signature

2. _____
Signature

WHERE AS THE ABOVE BOUNDEN (1) is appointed to the post of _____

Now the conditions of the above written obligation is that:-

In the Event, above bounden (1) _____
Name of the Employee

unless his services are terminated by the Corporation under Regulation 10 of Central Warehousing Corporation (Staff) Regulations, 1986 fails to serve the Corporation for any reason whatsoever for a period of two years from the date of his joining in the Corporation.

He and the above bounden _____
(Name of the surety)

shall forthwith pay the CWC on demand the amount of Rs. _____ (Rupees _____ only) being the reasonable estimate of compensation for leaving the services of the Corporation before completion of two years service.

And upon making such payment the above written obligation shall be void and of no effect, otherwise it shall remain in full force.

- (1) Full Name of the appointee _____
- (2) Full Name of the Surety Signed _____
and delivered by the above bounded (i)

Signature of the Employee

In the presence of:

i) _____

Surety

ii) _____

Signed and delivered by the above bounded
Signature of the Surety with his address

In the presence of :

i) _____

ii) _____

**CENTRAL WAREHOUSING CORPORATION
(A Government of India Undertaking)**

DECLARATION OF FIDELITY AND SECRECY

I _____ declare that I will faithfully, truly and to the best of judgement, skill and ability execute and perform the duties which are required of me as an employee of the Central Warehousing Corporation and which properly relate to any office or position in the said Corporation held by me.

I, further declare that I will not communicate or allow to be communicated to any person not legally entitled thereto any information relating to the affairs of the said Corporation nor will I allow any such person to inspect or have access to any books or documents belonging to, or in the possession of the Corporation and relating to the business of the Corporation.

Signature _____

Signature _____

Signature _____

Signed before me

Designation _____

Date _____

Date _____

**CENTRAL WAREHOUSING CORPORATION
(A Government of India Undertaking)**

DECLARATION W.R.T. MARITAL STATUS

Shri/Smt/Miss _____ 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 life 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.

FORM 'F'
SEE SUB RULE (1) OF RULE 6
OF PAYMENT OF GRATUITY (GENERAL) RULE, 197
NOMINATION

To,
The General Manager (Personnel)
Central Warehousing Corporation,
4/1, Siri Institute Area,
Hauz Khas, New Delhi – 110016

Sir,

I, _____

(Name in the full here)

Whose particulars are given in the statement below, hereby nominate the person (s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before the amount has become payable or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name (s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is/are member(s) of family within the meaning of clause (h) of Section (2) of the payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.

4. a) My father/mother/parents is/are dependent on me.

b) My husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the _____ to the controlling authority in terms of the proviso to clause (a) of Section (2) of the said Act.

6. Nomination made herein invalidates my previous nomination.

Nominee (S)

Name in full with full address of nominee (s)	Relationship with the employee	Age of Nominee	Proportion by which gratuity will be shared
(1)	(2)	(3)	(4)

STATEMENT

- 1. Name of employee in full _____
- 2. Sex _____
- 3. Religion _____
- 4. Whether unmarried/married/
Widow/widower _____
- 5. Department/Branch/Section
Where employed _____
- 6. Post held with Ticket or
Serial No. If any _____
- 7. Date of appointment _____
- 8. Permanent address _____
- 9. Signature of the employee _____

DECLARATION BY WITNESS

Nomination signed before me

Name in full & full address of witness	Signature of witnesses
1.	1.
2.	2.
Place:	
Date:	

Certificate by the Employer

Certified that the Particulars of the above nomination have been verified and recorded in this establishment.

Employer's reference No. if any

Signature of the employer/
officer authorized

Designation
Name & address of the establishment
or rubber stamp thereof

Date

Acknowledgment by the employee

Received the duplicate copy of nomination in form 'F' filled by me and duly certified by the employer.

Date _____

Signature of the employer

FORM OF MEDICAL CERTIFICATE

I _____
do hereby certify that I have examined Shri/Smt/Kum.
_____ a candidate
for appointment in the Central Warehousing Corporation and cannot
discover that he/she has any disease (communicable or otherwise),
constitutional weakness or bodily infirmity, except
_____. I consider/do not consider this
disqualification for employment in the Central Warehousing Corporation.
Shri/Smt/Kum. _____, age according to his/her
own statement is _____years and by appearance is about
_____years.

Name & Designation of the
Medical Officer _____
Seal of the Medical Officer

Signature of the
Candidate

(to be signed by Govt. Medical
Officer of the status not below
Asstt. Surgeon Grade-I)

CHARACTER CERTIFICATE

Certified that I have known Shri/Smt/Kum. _____
_____ son/daughter of Sh/Smt. _____
_____ for the last _____ years _____ months and
that to the best of my knowledge and belief his/her character and
antecedents are satisfactory.

He/She is not related to me.

Place _____	Signature _____
Date _____	Designation _____
	Status _____

(Certificate to be signed by any one of the following)

- i) Gazetted Officers of Central or State Govt.
- ii) Member of Parliament or State Legislature belonging to the constituency where the candidate or his parents/guardian is originally resident.
- iii) Sub-Divisional Magistrate/Officers.
- iv) Principal/Head Master of the recognized School/College Institution where the candidate studies last.
- v) Tehsildars or Naib/Deputy Tehsildars authorized to exercise magisterial powers.
- vi) Block Development Officer
- vii) Post Masters.
- viii) Panchayat Inspectors.

CERTIFICATE FOR PROFICIENCY IN HINDI

Certified that I _____ am having proficiency in Hindi/have acquired working knowledge of Hindi as I have passed Hindi Examination in _____
(name of the standard).

Signature of the Employee

Date: _____

A. Proficiency in Hindi- The Trainee shall be deemed to possess proficiency in Hindi if;

- (a) He has passed the Matriculation or any equivalent or higher examination with Hindi as the medium of examination; or
- (b) He has taken Hindi as in elective subject in the degree examination or any other examination equivalent to or higher than the degree examination; or
- (c) He declares himself to possess proficiency in Hindi in the form annexed to these rules.

B. Working knowledge of Hindi (1) An employee shall be deemed to have acquired a working knowledge of Hindi -

- (a) if he passed
 - (i) the Matriculation or an equivalent or higher examination with Hindi as one of the subjects; or
 - (ii) The Pragya examination conducted under the Hindi Teaching Scheme of the Central Govt. or when so specified by that Government in respect of any particular category of posts, any lower examination under that scheme; or
- (b) If he declare himself to have acquired such knowledge in the form annexed to these rules (as given above).

ATTESTATION FORM (04 SETS)**WARNING**

The furnishing of false information or supersession of any factual information in the Attestation form would be disqualification, and is likely to render the candidate unfit for employment under the Corporation.

2. If detailed, convicted, debarred etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the Corporation failing which it will be deemed to be a supersession 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 notice at any time during the service of a person, his services would be liable to be terminated.

1.	Name in full (In block capital) with atleast, if any. (Please indicate, if you have added or dropped at any stage any part of your name or surname)	Surname	Name
2.	Present Address in full: (i.e. Village, Thana, Distt. or House No., Lane/Street/Road and Town)		
3.	Home Address in full: (i.e. Village, Thana, Distt. or House No., Lane/Street/Road/Town and name of Distt. 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, or residence) where you have resided for more than one year at a time during the preceding 5 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 address in full (i.e. Village, Thana & Distt. or House No. Lane/Street, Road & Town.
			Name of the Distt. Head Quarter of the place mentioned in the preceding column.

5.	Name	Nationality (by birth and by domicile)	Place of Birth	Occupation (if employed give designation & full official address	Present postal address (if dead give last address)	Permanent Home Address
i)	Father (Name in full with Aliases, if any)					
ii)	(Mother)					
iii)	Wife/ Husband					
6.	Nationality					
7.	(a) Date of Birth		(a)			
	(b) Present Age		(b)			
	(c) Age at Matriculation		(c)			
8.	a)	Place of birth, Distt. & State in which situated	(a)			
	b)	Distt. and State to which belong	(b)			
	c)	Distt. and State to which your father originally belongs	(c)			
9.	a)	Your Religion				
	b)	Are you member of Scheduled Castes/ Scheduled Tribes/ OBC				
	c)	'Yes' or 'No and if the answer 'yes' State the name thereof.				
10.	Educational Qualifications showing places of education with years in schools and colleges since 15 th year of age.					
	Name of School/ College with full address	Date of entering	Date of leaving	Examination passed		

11.A. If you have at any time been employed, give details.				
Designation of post held or description of work	Period		Full address of office, firm or Institution	Full reasons for leaving
	From	To		
11.B	If the previous employment was under the Govt. of India, a State Govt./an undertaking owned or controlled by the Govt. of India or a State Govt. an autonomous body/University local body, or if you had left service on giving a months notice under Rule 5 of the Central Civil Services (Temporary service), Rule,1949 or any similar corresponding rules were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you have notice of termination of service, or at subsequent date, before your services actually terminated?			
12.A	Have you ever been arrested, prosecuted, kept under detention of bound down/fined, convicted by a court of law for any office or debarred/disqualified by a Public Service Commission from appearing at the examination rusticated by any University or authority/Institution?			
12.B	<p>If any case pending against you in any Court of Law, University or any other educational Authority/Institution at the time of filling up this attestation form?</p> <p>If the Answer to 'a' or 'b' if 'yes' full particulars of the case, arrest, detention fine conviction, sentence etc. and the nature of the case pending in the Court/University/Educational Authority etc. at the time of filling up the form should be given.</p> <p>Note: Please also see the "Warning" at the top of this attestation form</p>			
13.	Name of two responsible persons of your locality or two references to whom you are known (with their full address)		i) _____ _____ ii) _____ _____	

I certify that the foregoing 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 under Government.

Signature of candidate

Date _____ Place _____

IDENTITY CERTIFICATE

(Certificate to be signed by any one of the following)

- i) Gazetted Officers of Central or State Govt.
- ii) Member of Parliament or State Legislature belonging to the constituency where the candidate or his parents/guardian is originally resident.
- iii) Sub-Divisional Magistrate/Officers.
- iv) Principal/Head Master of the recognized School/College Institution where the candidate studies last.
- v) Tehsildars or Naib/Deputy Tehsildars authorized to exercise magisterial powers.
- vi) Block Development Officer
- vii) Post Masters.
- viii) Panchayat Inspectors.

Certified that I have known Shri/Smt/Miss. _____
 _____ son/daughter of Shri _____
 _____ for the last _____ years _____ months and that to the
 best of my knowledge and belief the particulars furnished by him/her are
 correct.

Signature _____

Designation or _____

Status & Address: _____

To be filled by the Office

- i) Name, Designation and full address
of the appointing authority
- ii) Post for which the candidate is being
considered

CENTRAL WAREHOUSING CORPORATION
(A Govt. of India undertaking)

**FORMAT FOR NOMINATION FOR LUMP-SUM COMPENSATION IN LIEU OF
COMPASSIONATE APPOINTMENT**
(All entries in capital letters)

1. Name of the Employees _____
2. Designation _____
3. Name of the Centre /Region/Division _____
4. Father's Name/Husband's Name _____
5. Sex _____
6. CPF Code No. _____
7. Date of Birth _____
8. Date of initial joining in CWC _____
9. Permanent Address with pin code _____

10. Address for communication _____
11. Phone/Mob. No. _____
12. E-Mail ID _____
13. Name and age of the Nominees with
percentage of share (proof of age may be
submitted) _____

Date _____

(Signature of the employee)

DECLARATION BY WITNESS

Name and Address of Witness

Signature of the Witness

1. _____

2. _____

CERTIFICATE BY THE WM/RM/EE/HOD

Certified that the signatures of the above employees have been verified by me.

Signature

(Name & Desgn. of immediate
superior with office seal)

CENTRAL WAREHOUSING CORPORATION
(A Govt. of India undertaking)

FORMAT FOR REGISTRATION OF EMPLOYEES IN PENSION SCHEME
(All entries in capital letters)

1. Name of the Employees _____
2. Designation _____
3. Name of the Centre /Region/Division _____

4. Father's Name/Husband's Name _____
5. Sex _____
6. CPF Code No. _____
7. Date of Birth _____
8. Date of superannuation _____
9. Name of the Spouse _____
10. Permanent Address with pin code _____

11. Address for communication _____
12. Phone/Mob. No. _____
13. E-Mail ID _____
14. Name of the bank _____
15. IFSC Code _____
16. Bank A/C No. _____
17. Name and age of the Nominees with percentage of share _____

18. Date of Joining In CWC _____

Date _____

(Signature of the employee)

DECLARATION BY WITNESS

Name and Address of Witness

Signature of the Witness

3. _____

4. _____

CERTIFICATE BY THE WM/RM/EE/HOD

Certified that the signatures of the above employees have been verified by me.

Signature

(Name & Desgn. of immediate superior with office seal)