





Add Contact

Employee Name	<input type="text"/>	<input type="text"/>	Employee ID *	<input type="text"/>
	First Name	Last Name		
Office Email	<input type="text"/>		Contact Number	 +91 ▾ 81234 56789

Primary Emergency Contact

Person's Name *	<input type="text"/>	<input type="text"/>
	First Name	Last Name
Relationship *	<input type="text" value="-Select-"/>	
Primary contact Number *	 +91 ▾ 81234 56789	
Primary Contact Address *	<input type="text"/>	
	Address Line 1	
	<input type="text"/>	
	Address Line 2	
	<input type="text"/>	<input type="text"/>
	City / District	State Province
	<input type="text"/>	<input type="text" value="-Select-"/>
	Postal Code	Country

Secondary Emergency Contact

Person's Name *	<input type="text"/>	<input type="text"/>
	First Name	Last Name
Relationship *	<input type="text" value="-Select-"/>	
Secondary Contact Number *	 +91 ▾ 81234 56789	
Secondary Contact Address *	<input type="text"/>	
	Address Line 1	
	<input type="text"/>	
	Address Line 2	
	<input type="text"/>	<input type="text"/>
	City / District	State Province
	<input type="text"/>	<input type="text" value="-Select-"/>
	Postal Code	Country

Medical Details

Secondary Contact Address *

Address Line 1

Address Line 2

City / District

State Province

Postal Code

-Select-

Country

Medical Details

Blood Group

-Select-

Do you have any long term illness? *

☐ Yes ☐ No

Do you have medical insurance? *

☐ Yes ☐ No


Have you undergone any surgery? *

☐ Yes ☐ No

Submit

Reset

All Contacts

	<input type="checkbox"/>	Employee N...	Employee...	Person's Na...	Relations...	Primary contact Num...	Primary Contact Address	Person's Na...
		Mahindra J	27452153	Dheemanth S	Guardian	+919948922228	svas, reagvaefdz, ergaf, rvfzdds, raegfr, Angola	wedc fewrfadc

Employee Medical Details

Employee Na...

Employee...

Blood Gr...

Long term illn...

Employee Na...

Employee...

Blood Gr...

Long term illn...

Mahindra J

27452153

O+

No

Overview

Employee Name	Mahindra J
Employee ID	27452153
Office Email	mahindra@gmail.com
Blood Group	O+
Long term illness	No
Specify your illness	
Medical Insurance	Yes
Medical Insurance Company	eyndhb
Surgery	No
Surgery Details	

Add a comment

nanth/environment/development/payroll-processing-system/#Report:All_Contacts

Employee Information

Name *	<div><div></div><div></div></div> <div>First NameLast Name</div>	Profile Picture	<div>Select Image</div> <div></div>
Father's Name *	<div><div></div><div></div></div> <div>First NameLast Name</div>	Emergency Contact	<div><div></div><div></div></div> <div>First NameLast Name</div>
Mother's Name *	<div><div></div><div></div></div> <div>First NameLast Name</div>	Emergency Contact Number	<div><div>+91</div><div>81234 56789</div></div>
Phone *	<div><div>+91</div><div>81234 56789</div></div>	DOB	<div><div>dd-MMM-yyyy</div><div></div></div>
Email *	<div><div></div><div></div></div>		
Address	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Address Line 1Address Line 2City / DistrictState / Province</div>		

3

Job Information

All Employee Information

4

Employee Payrolls

Name

First Name

Last Name

Phone

+91

81234 56789

Email

Address

Address Line 1

Address Line 2

City / District

State / Province

Postal Code

Country

Basic Pay *

HRA

Address Line 4

City / District

State / Province

Postal Code

Country

Basic Pay *

HRA

DA

TA

Net Pay

Gross Pay

Single Line

Submit

Reset

All Employee Payrolls



	<input type="checkbox"/>	Name	Phone	Email	Address	Basic Pay	HRA	DA
		Mahindra J	+919948922228	svtgcsre@gmail.com	w5gs tvd, vstrgrrcf, bgtd, gvedg, evbg, Angola	354000	3475	3563

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