

Employee Joining Form

Personal Profile

First Name T. Elangkumaran Middle Name - Last Name THANIGASALAM
 Date of Birth 01/11/2006 Date of Joining 10/18/2024 Gender MALE
 Birth Country INDIA Birth State TAMIL NADU Birth Location MANICKAM PALAYAM
 Highest Education Level DIPLOMA Religion HINDU Caste NADAR
 Native State / Domicile TN Marital Status Single Date of Marriage -
 Blood Group B+VE PAN No. (In Captial) CABPT8495D UID No. (Aadhar Card) 5078 8330 5638
 Name of Bank (for Salary Credit) IOB Bank Account No. 095301000025926 IFSC Code IOBA0000953
 Personal Email Address: elangkumaran8@gmail.com Mobile No. (10 digit): 8110010073

Permanent Home Address

Floor / Apartment 1141 navathappan keri ST,
 Street kumaragiri sanniyasigundu (PO)
 City Salem-15
 State Tamil nadu
 Pin Code - 636015

Present Residential Address for Communication

Floor / Apartment
 Street
 City
 State
 Pin Code

Language Proficiency : Please indicate proficiency level (select from drop down)

Language	Reading Proficiency	Speaking Proficiency	Writing Proficiency	Native Language	Can translate this language?	Can teach this language?
TAMIL	✓	✓	✓	✓	✓	✓
ENGLISH	✓	✓	✓		✓	

PF Details

Name as per Aadhar Card	Husband-Name/Father's Name	Relation	UAN No.	Prev Pf Membership No (if any)
Thanigasalam Rangaraj	Thanigasalam	FATHER	275735263763	✓
Nominee Name	Share%	Relation with Nominee	DOB of Nominee	
Thanigasalam	100 %	Elderest	25/11/1976	
Total	100%			

Beneficiary for Mediclaim Scheme (Family Members) - [click here to know more](#)

Name	Relation	Date of Birth	Gender	Phone No.
Thanigasalam R	Father	25/11/1976	male	9095120031
T. Desiya	Sister	21.10.2002	Female	9787140170
T. Bharathi	mother	2/12/1978	Female	8110010073

Nomination for Group Personal Accident Policy

Name of Beneficiary	Relation	% of Claim amount
	Total	0%

Sum Insured : Please refer your offer letter / appointment letter for Sum Insured
 Premium : The entire premium (including taxes) is borne by the organization.

Nomination for Nishchint Policy - [click here to know more](#)

Name of Beneficiary	Relation	% of Claim amount
	Total	0%