

Payroll Related

01. Please PRINT or type in each column

02. Please x in the ☐ wherever applicable

A. Personal Details				
	First Name	A	Last Name	Kiran
	Date of Birth	10-10-1994	Emp. No.	
	Nationality :	Indian	Department:	
	PAN Number:	AZVPA7XXXX	AADHAAR Number:	302034164XXX
	Gender	Male	Mobile	866768786
	Bank Account Details	Name of Bank	Citi Bank	
		Branch	M.G Road	
		Account Number	23530XXXX	
		IFSC Code	CITI000XXXX	

B. FBP Declaration (All Amounts ANNUAL in INR): Total FBP Amount:		
Component	Comments	Employee Allocated Amount
HRA/ CLA		
Conveyance/ Vehicle Maintenance	Vehicle Maintenance Allowance only if mentioned in Offer. INR 1800 if <=1600cc or INR 2400 per month if >1600cc Conveyance: INR 1600 per month	
Medical Allowance	Max: INR15000 per annum	
Leave Travel Allowance		

Medical Insurance Registration Form

Please include the following individuals* under the Company medical insurance scheme.

Dependent	Name	Date of Birth	Relationship with the Employee
DEPENDENT 1			
DEPENDENT 2			
DEPENDENT 3			
DEPENDENT 4			
DEPENDENT 5			

*Dependents can only be a Spouse/ Children (Self+ 3)

(Please check with us for the dependent parent medical insurance scheme).