Servion@221



EMPLOYEE DETAILS FORM

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| **Corporate Office:**  **Servion Global Solutions Private Ltd.**,  4/600 & 4/197, 7th Street, Dr. VSI Estate Phase II, Thiruvanmiyur, Chennai - 600 041  T: +91 - 44 6108 4100 | F: +91 - 44 6108 4101 | | | | |  |
| Complete all columns in your own handwriting. No columnshould be left blank (information will be treated in strict confidence) | | | |
| Position / Function applied for | | Project Manager | | |
| **A. Personal details** | | | | |
| **Name in block letters** | | A.PREMKUMAR | | |
| **Age (in completed years)** | | 43 | **Date of birth (DD/MM/YYYY)** | 18/04/1979 |
| **Father's / husband's / guardian's name:** | | | S.ARUMUGAM | |
| **Occupation** | | | IT Manager | |
| **Present address** | | | **Permanent address** | |
| Plot 12/13, Aaditya Platinum, Iyappa Nagar 2nd main road, | | | N.No:50,O.No:15,Rajaji Street,Saidapet | |
| Sembakkam, Tambaram | | | Chennai | |
|  | | |  | |
|  | | |  | |
|  | **Pin code:600073** | |  | **Pin code:600015** |
| **E-mail** | [premwap@gmail.com](mailto:premwap@gmail.com) | | **E-mail** | [premwap@gmail.com](mailto:premwap@gmail.com) |
| **Telephone #1** | 9841708665 | | **Telephone #2** | 9841708665 |
| **Mobile** | 9841708665 | | **Marital status** | Married |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B. Family status** | | | | | | | | | | |  |
| **S. No.** | **Name** | | | | **Age** | | **Relationship** | **Details of employment / education if student** | | | |
| 1 | S.Kamatchi | | | | 42 | | Wife |  | | | |
| 2 | P.Dashwant | | | | 11 | | Son | 7th Grade | | | |
| 3 | P.Sakthivel | | | | 7 | | Son | 3rd Grade | | | |
|  |  | | | |  | |  |  | | | |
| **C. Persons to be notified in case of emergency** | | | | | | | | | | | |
| **Name:** | | | S.Kamatchi | | | **Relationship** | | | Wife | | |
| **Telephone No.** | | |  | | | **Mobile No.** | | | 9841708665 | | |
| **D. Physical data** | | | | | | | | | | | |
| **Height (in cms)** | | 165 | | **Weight (in kgs)** | | | 76 | **Blood group** | | O+Ve | |
| **Have you had any minor operation / illness during the last 2 years, if so give details** | | | | | | | No | | | | |
| **Are / were you suffering from any chronic disease or ailment, if so give details** | | | | | | | No | | | | |
| **E. Passport details** | | | | | | | | | | | |
| **Passport No.** | | |  | | | **Date of issue** | | |  | | |
| **Given name** | | |  | | | **Date of expiry** | | |  | | |
| **Surname** | | |  | | | **Place of issue** | | |  | | |
| **Place of birth** | | |  | | | **ECNR status** | | |  | | |

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| --- | --- | --- | --- | --- | --- |
| **F. Education details** (Starting from your highest qualification up to SSLC) | | | | | |
| **Qualification / examination** | **Major subjects** | **Name of the university / institute** | **% of marks scored** | **Period** | |
| **From** | **To** |
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| **Are you a member of any association or professional institute?If so, give details** | | |  | | |
| **G. Details of specialized training undergone, if any? Give details (attach separatesheets if required)** | | | | | |
| **Name of the organization** | | **Title of the training** | | | |
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| **H. General information** | | | |
| Languages known (underline your mother tongue) | | |  |
| Extra- curricular activities and special interests including hobbies, if any? | | |  |
| Do you have any relative / acquaintance in the services of this organization? If yes, give details | | | Yes / No |
| Name of the person | | Designation & department | Relationship |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **I. References** (avoid relatives) | | | |
| **Name & address** |  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Tel. / Mobile No. :** | | **Tel. / Mobile No. :** |
| **Declaration** | | | |
| **I hereby declare that all information furnished in this application is true to the best of my knowledge and belief. I am aware that if any information is found tobe false or incorrect, my services will be terminated immediately without any notice.** | | | |
|  |  | |  |
| **Date** | **Name** | | **Signature** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **J. Employment details** (starting with your present employment, use separate sheets ifrequired) | | | | | | | | | |
| S. No | Name of the organization | Period | | Exp. | Designation | Salary | | Reason for leaving | Reason for gaps ifany |
| From | To | Starting | Leaving |
| **1.** |  |  |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |  |  |  |

Joining report

As per the offer letter dated , I am joining the organization in the capacity of

(Designation) today, (dd/mm/yyyy) . I would

abide by the rules and regulations framed by the companyfrom time to time

Thank You Regards

( Signature)

**Mediclaim – dependent’s declaration form**

From: Date:

To

Servion Global Solutions private Limited Chennai – 600 041

Dear Sir,

I would like to include the following family members in the Group Mediclaim Policy.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Name of the person | Relationship | Age | D.O.B. |
|  |  |  |  |  |
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Thank You Regard

Note: Following members will be considered under family coverage.Dependent parents, spouse and children (up to two) only

Date of Birth and Age of dependents are mandatory