

Form A

FORMATE OF EMPLOYEE / WORKMAN / WORKER

Name of Establishment: **VISHAL PAYROLL**

Name of Owner: **VISHAL H. MASADA**

Labour Identification No: **CLRA/LICENSE/CLRA/SRT/2016 /CLL/763(243/2014)**

Name and Address of Principal Employer: **PLOT NO. D2E 345/397/398**

Labour Identification No. of Principal Employer: **--**

Gp.No / Card No:

Name: **AJIT KUMAR**

Surname:

Gender: **MALE**

Father Name:

Date of Birth: **25-5-2024**

Nationality: **INDIAN**

Education Level: **--**

Date of Joining: **25-5-2024**

Designation: **RIGGER**

Category Address: **--**

Type of Employment:

Mobile:

UAN:

PAN:

ESIC IP: **3909117865**

LWF: **--**

Aadhar No: **923017456659**

Bank A/C No.: **111**

Bank Name: **CASH**

Branch (IFSC): **111**

Present Address: **JOLVA**

Permanent Address:

Service Book No.: **--**

Date of Exit:

Reason for Exit:

Remarks:

Photo:



Signature/Thumb: