

Harman Connected Services Corporation India Pvt. Ltd.

Personal Data Form

This Form needs to be filled completely with accuracy



Please ensure you are providing correct information in the below section as per the Resume submitted to us during the Job Application.

PERSONAL DETAILS

FULL NAME (CAPITAL LETTERS)	SAHIL KHATRI		
	First Name (As Per Passport)	Last Name (As Per Passport)	
DOB (DD/MM/YY)	02-02-2000	DOJ (DD/MM/YY)	21-03-2022
NATIONALITY	INDIAN	GENDER	MALE
MOBILE NO	6232792623	BLOOD GROUP	A+
EMAIL ID	sahil.khatri4537@gmail.com.		

GOVT ID's	NAME AS ON DOCUMENT	NUMBER	DOB AS ON DOCUMENT
PAN CARD	SAHIL KHATRI	JWYPK0752E	02-02-2000.
AADHAAR CARD	SAHIL KHATRI	793056110513	02-02-2000.
UAN Number			

Current Address (If current address is same, just mention same as permanent Address)

Address:
SAME.
Landmark
STATE
PIN
Mobile No

Permanent Address

Address:
16, SAT SUMAN
NAGAR, BANWANGHA, INDORE
Landmark
RAM DATTA EATKA BHATTA
STATE
MADHYA PRADESH
PIN
452015
Mobile No
6232792623.

EDUCATION DETAILS:
C: Graduation/Diploma

College/Study Centre Name	CHAMELIT DEVI GROUP OF INSTITUTION		
Student ID /Enrolment No	0832EC181034	Duration Of Study	1 YEAR
Subject Major	E.C.F	Division / Percentage (%)	73.7.
Degree Obtained		Course Type (Regular/Distance)	REGULAR.
Name Of University	R.G.P.V.		
Address Of University			

D: Post Graduation

College/Study Centre Name			
Student ID /Enrolment No		Duration Of Study	
Subject Major		Division / Percentage(%)	
Degree Obtained		Course Type (Regular/Distance)	
Name Of University			

DEPENDENT DETAILS: Please update your dependent details in the below table for Insurance Coverage. As per the policy you can only update Parents/in-laws, Spouse and Children maximum 2.

Dependent Name	Dependent DOB	Dependent Gender	Relationship	Remarks
NARMADA	01-01-1980	FEMALE	MOTHER	
KHATRI				
PRADDER	14-01-1977	MALE	FATHER.	
KHATRI				

(EMP-1) Immediate Previous Employment

Name of Company				
Company Address	Door No/Street:			
	City		State	
	Pin		Landline	
Period of employment	Date of Joining		Employee Code	
	Date of Relieving		CTC Per Annum	
Designation			Supervisor's Name	
Supervisor's Designation			Supervisor's contact number	
Supervisor's mail Id:				
Reason for leaving				

(EMP-2) Second Previous Employment

Name of Company				
Company Address	Door No/Street:			
	City		State	
	Pin		Landline	
Period of employment	Date of Joining		Employee Code	
	Date of Relieving		CTC Per Annum	
Designation			Supervisor's Name	
Supervisor's Designation			Supervisor's contact number	
Supervisor's mail Id:				
Reason for leaving				

(EMP-3) Third Previous Employment

Name of Company				
Company Address	Door No/Street:			
	City		State	
	Pin		Landline	
Period of employment	Date of Joining		Employee Code	
	Date of Relieving		CTC Per Annum	
Designation			Supervisor's Name	
Supervisor's Designation			Supervisor's contact number	
Supervisor's mail Id:				
Reason for leaving				

Other Employment:

Period		Name & Location Of Organization	Role & Responsibility	Reasons For Leaving
From dd/mm/yy	To dd/mm/yy			

DECLARATION OF NOMINEES DETAILS					
INSURANCE CATEGORY	RELATIONSHIP	NOMINEE NAME(As per the Govt ID Proof)	% AGE	DOB (DD/MM/YYYY)	AGE
Group Term Life Insurance					
Group Personal Accident Insurance					
Salary/Leave Encashment/Full and Final Settlement, and any other payments					

Authorization/Declaration and Undertaking: I agree to provide copies of all relevant certificates. I understand that employment with Harman Connected Services Corporation India Pvt. Ltd. is governed by their employment policies as applicable, including satisfactory information from background checks.

I hereby certify that all information provided herein, is true and complete to the best of my knowledge and belief. I authorize Harman Connected Services Corporation India Pvt. Ltd. and its representative to authenticate information I have provided in my resume and this Employment Form. To conduct enquiries as may be necessary at the company's discretion, I authorize all who may have information relevant to this enquiry to disclose it to Harman Connected Services Corporation India Pvt. Ltd. and/or its representative. I release all concerned from any liability on account of such disclosures.

I also declare that the information provided by me in my resume and application for employment to Harman Connected Services Corp India Pvt. Ltd. and its representative is authentic and I am liable for all inaccuracies and omissions.

I promise to extend total co-operation and provide relevant documents required.

Full Name of the Candidate: SAHIL KHATRI .

Date: 21-03-2022

Place: PUNE .

Signature of the Candidate:

