sify

Identity Card Application Form

HR Department

Sify Technologies Limited

Martes Sheefz

Application Date:

Affix passport Size Photograph

Associate No.		:						
Name of the Associate		:		Įt.				
On roll / Off roll / Vendor / Project Trainee / Customer				(Pls Specify)				
Name of the Vendor / Agency / College / Customer		:		(Pls Specify)				
Duration		:	- [From Date :				
Designation				*				
SBU								
Location / Branch Office		:						
Blood Group		:		-		0%		
Drug Sensitivity		1:						
Emergency Contact Person		:				-		
Emergency Contact Address		:				-		
Emergency Contact Telephone Nos. (Landline and Mobile)		:			14 mm			
D Card Required for:	Tidel Park (2 nd Floor)	:						
Elnet Software City								
Other Locations (Specify Office) Applicant's Signature			<u> </u>	Approve	d.bv			
Applicant 3 Signature								
	Team Manager Emp ID:			Hui	man Kesou	rces	Admin	
Name: SBU:							4 5	
				3-1				
	Signature:			222				
	1							