

Wellness Forever Medicare Ltd.

Staple 2
Passport
Size
photos

EMPLOYEE DETAILS

(SURNAME)		(FIRST NAME)		(MIDDLE NAME)	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth		Date of Joining	
Branch		Department		Designation	

PERSONAL DETAILS:

Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single	Father / Husband Name	
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Residential / Mailing / Communication Address		
	City	
	Pin Code	
	Present Tel. #	
	Mobile #	

Permanent Home Address (Village Address)		
	City	
	Pin Code	
	Residence Tel. #	
	Residence C/o #	

CONTACT INFORMATION:

Emergency Phone No.	Personal Email Id	Alternate Email Id

Other Personal Details:

A. Personal Details:-

Nationality		Religion	
Nominee		Blood Group	

B. Family Details:-

(Please give full details of family members including parents, spouse, children and any other dependents)

Sr. #	Family Member Name	Date of Birth	Relationship	Occupation	Contact No.	Aadhar Card No.

C. Bank Account Details:-

Bank Name		Account Name	
Account No.		Type of Account	
IFSC Code		Branch	

PAN Card No.	
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EDUCATIONAL DETAILS:

Degree	University	Institute	Year of Passing	Percentage or Grade

Any other Professional Certification / Qualification

Declaration

I _____, hereby declare that the information given above is true to the best of my knowledge. I am aware that any false or incorrect information by me may result in termination of my services with the Company. I have no objection to your inquiring from any of my previous employers on any matters pertaining to me, if I join your Company.

Signature:× _____

Date : _____

For Office Use Only**Document Check List:****Requirements**ID Proof ☐Add Proof ☐Edu. Proof ☐Pharmacy Doc. ☐Bank Doc. ☐Previous Org. Docs. ☐**Documents**

Pan Card / Voter ID / Driving License

Ration / Aadhar Card / Rent Agreement / Passport/ Letter _____

S.S.C, H.S.C, T.Y / D/B-Pharm. cert./L.C /Other Edu Cert. _____

License PP Card - Original & Xerox _____

Passbook Xerox / Bank Statement _____

Resignation letter, Salary slips (last 3 months) _____

Copies**Employment Details:**

Emp. Code		Card ID	
Gross Salary		Temp. Branch	