

INTERNAL TRANSPORT & ID CARD REQUEST FORM

To,
The Human Resource Department
Omega Healthcare Management Services Pvt. Ltd.

I would like to avail the company transport facility from my residence to the office and back.
Hence, I request you to enrol me for the same.

The transport allowance as applicable to my level can be deducted from my salary. In case of a change in this decision, I undertake to inform the HR department of the same in writing.

PRESENT ADDRESS (IN BLOCK LETTERS)

EMP NUMBER:

CONTACT NO:

Location:

LANDMARK:

Note: Any change in availing this facility can be made only at the beginning of the month.
No changes will be entertained during the course of the month.

ID CARD APPLICATION FORM

NAME (IN BLOCK LETTERS): POLINENI TEJASWI

EMPLOYEE NUMBER: 1016613

Date of Joining: 06-12-2021

