**Employee Training / Probation – Declaration of Consent form**

Due to current on going or any unpredictable circumstances or situations in near future (like Natural Calamities, New Pandemic, War etc.).

You will need to provide the new employee joining form and personal information declaration details as required part of working from home since you agree that you are unable to manually or digitally sign the set of joining documents such as:

1. Instruction Manual and Declaration

2. Job Description

3. Employment Agreement

4. Employee Training/Probation Agreement

5. Non Disclosure Agreement

6. Employee Consent Declaration Form

We are providing you with a solution to acknowledge the same by giving your consent below:

* You will have to acknowledge that you have read the Job Description thoroughly for the role your are selected and understood the same.
* You will have to manually sign and submit the documents at the earliest possible or on the very first day of reporting to office.
* We may ask you to redo all the documentation process of agreements etc., if required.
* You cannot deny upon not to fill and sign the below mentioned documents in near future since you have given your consent and acknowledged the acceptance of below mentioned documents.

1. Instruction Manual and Declaration
2. Job Description
3. Employment Agreement
4. Employee Training/Probation Agreement
5. Non Disclosure Agreement
6. Employee Consent Declaration Form
7. Confidentiality and Proprietary Information Agreement.
8. Any additional agreement or contract in future if required.

In future Denial of filling of any needful information’s and signing of in any updated joining or related to your employment documents in future (in original rules and regulations, terms and conditions, clauses, policy guidelines, employee code of conduct of the All Hive solution etc.) will terminate / withdraw the benefits and salary package agreed and the conditions related to them will become null and void.

However you will still be abided by the complete hand over of original rules and regulations, terms and conditions, clauses, policy guidelines, employee code of conduct, of the All Hive Solution.

* For **Employee Training / Probation – Declaration of Consent form :-**

You are required to sign and fill all the required information’s and other details in this document, hence, You further confirm that you are giving us your full consent, approval and will abide by all the original rules and regulations, terms and conditions, clauses, policy guidelines, employee code of conduct etc. of the All Hive solution : Non Disclosure Agreement, Employee Training/ Probation Agreement, Confidentiality and Proprietary Information Agreement, New employee joining form and personal information declaration, thereby shall come into force, inaction and implementation from the date mentioned below subject to review and approval by the All Hive Solution Management Team.

* Employee shall not use any confidential documents without prior approval of the Management Team. Any misuse/mislead/misconduct of confidential documents will lead to the termination of the employment without any notice and company would not have any further obligation in regard to the financial or otherwise. Any kind of loss to the company due to this breach will lead to payment of monetary damages by the Employee. (Refer to Employee Code of Conduct Policy).
* We are entering into an agreement where mutual trust is the most important factor. This document is created with proper legal advice. Any editing which may include but not limited to; adding or deleting any clause, changing the format, changing the language is strictly prohibited. If done so whatever original rules and regulations, terms and conditions, clauses, policy guidelines, code of conduct etc. of All Hive solution will still be applied by default. If the company finds out at any point of time during your association with the company, that Employee have breached the policies and altered the document or has done any sort of editing, the company reserves the right;

i. To terminate all the commitments and your services with immediate effect.

ii. To not make any payments to you in terms of salary and any benefit.

iii. To not release any relieving or experience documents.

iv. To give negative reference to Employee future employer

v. To take the legal action against Employee.

vi. If the Employee is found to edit any information and hence proved he/she in the near future during his/her employment will be liable to abide by default as agreed for all the updated company documents as on date and will have to return any salary and any kind of benefits received from the company till date..

vii. Any kind of loss due to Employee breach of trust, misconduct, etc.. has to be borne by the Employee.

By filling the NEW EMPLOYEE JOINING FORM AND PERSONAL INFORMATION DECLARATION and further filling my complete name in signature section (it should be considered, comes into action and applicable as my consent, approval and my digital signature in currently on going unpredictable circumstances or situations period) given below.

I,………………………………………... (name of employee) s/o Shri ……………………… …………………….., my pan is \_\_\_\_\_\_\_, my aadhar number is \_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give my full consent, permission and approval for using my personal information details in other documents listed below:

1. Non Disclosure Agreement.
2. Employee Training/Probation Agreement.
3. Confidentiality and Proprietary Information Agreement.
4. New Employee Joining &Personal Information Declaration Form.
5. Employment Agreement

**\*Note : Confidential document not to be misused / mislead / misconduct.**

This includes and completely covers my full consent, permission, approval as new joining employee the acceptance of all the above mentioned documents, original rules and regulation, terms and conditions, clauses, policy guidelines, employee code of conduct etc., of the company means the All Hive solution which will be implemented on me and will be abided by me. I have also gone through the Job description for the role I am selected and understood the same.

I hereby declare all the information provided is true, accurate and correct as per my knowledge & belief.

Signature of the Employee

Name:

Designation:

Place:

Date:

**NEW EMPLOYEE JOINING FORM AND PERSONAL INFORMATION DECLARATION** Date: / / 2020

Please affix recent photograph

(Not More than 15 days old)

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| --- | --- | --- | --- |
| **Sr.No.** | **Particulars of Information** | **:** | **Information Filled by the Employee** |
| 1 | Name of Position Applied for | : |  |
| 2 | Full Name of Employee (As per Aadhar / X Class Certificate) | : |  |
| 3 | Father’s / Husband’s Name (As per Aadhar) | : |  |
| 4 | Date of Birth & Age as on date | : |  |
| 5 | Category (Gen/SC/ST/OBC/PH) | : |  |
| 6 | Employee’s Aadhar No. | : |  |
| 7 | Employee’s PAN No | : |  |
| 8 | Employee’s Voter ID No | : |  |
| 9 | Employee’s Passport No | : |  |
| 10 | Employee’s Driving License No | : |  |
| 11 | Employee’s Mobile No (Regular) |  |  |
| 12 | Employee’s Mobile No (Alternate) | : |  |
| 13 | Employee’s Email ID (Regular) |  |  |
| 14 | Employee’s Email ID (Alternate) | : |  |
| 15 | Address for Communication (Temporary/Postal) | : |  |
| : |  |
| : |  |
| City / Village and Postal Code | : |  |
| State | : |  |
| 16 | Address for Communication (Permanent/Birth Place) | : |  |
| : |  |
| : |  |
| City / Village and Postal Code | : |  |
| State | : |  |

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| **Sr.No.** | **Particulars of Information** | **:** | **Information Filled by the Employee** |
| 17 | Details of Qualifications   1. Academic | : |  |
| 1. Professional | : |  |
| 1. Technical | : |  |
| 18 | Details of Experience & Designation   1. Past Employment with Length of Services | : |  |
| 1. Present employment with Length of Services | : |  |
| 1. Present Pay Scale | : |  |
| 1. Present Basic Pay | : |  |
| 19 | **Emergency Contact Details-1**   1. Spouse Name | : |  |
| 1. Spouse Mobile No | : |  |
| 1. Spouse Email ID | : |  |
| **Emergency Contact Details-2**   1. Mother’s/Father’s Name | : |  |
| 1. Mother’s/Father’s Mobile No | : |  |
| 1. Mother’s/Father’s Email ID | : |  |
| **Emergency Contact Details-3**   1. Brother’s Name | : |  |
| 1. Brother’s Mobile No | : |  |
| 1. Brother’s Email ID | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 20 | **Emergency Contact Details-1**   1. Relative’s Name | : |  |
| 1. Relative’s Mobile No | : |  |
| 1. Relative’s Email ID | : |  |
|  | : |  |
| **Emergency Contact Details-2**   1. Relative’s Name | : |  |
| 1. Relative’s Mobile No | : |  |
| 1. Relative’s Email ID | : |  |
| 21 | **Reference with Address, Mail ID & Contact Details-1** | : |  |
| **Reference with Address, Mail ID & Contact Details-2** | : |  |
| **Reference with Address, Mail ID & Contact Details-3** | : |  |

**Details of Qualification**

**Professional Qualification:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **College/University** | **Year of Passing** | **Percentage/Grade** |
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**Academic Qualification:**

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| --- | --- | --- | --- |
| **Qualification** | **College/University** | **Year of Passing** | **Percentage/Grade** |
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I, …………………………………………………… S/o Shri. ………………………………… to be filled by **Employee**, do hereby declare that the information furnished the above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, in that situation also whatever original rules and regulation, terms and conditions, clauses, policy guidelines, employee code of conduct etc., of the Company means the All Hive solution will still be applied, remain into implementation, into action, by default on me. If the company finds out at any point of time this misconduct/mislead/misuse during your association with the company, my candidature / appointment shall be liable to cancellation / termination without notice or any compensation in lieu thereof.

Signature of the Employee

Name:

Designation:

Place:

Date:

\*Note: If you are unable to sign this form manually or digitally due to the present situation we have give you an option to Declare your consent on the DECLARATION OF CONSENT FORM & Vice-Versa.

Employee Employer

(Signature of the Employee )

For All Hive Solution

Name:

Designation:

Place: Supervisor/Training Manager/Sr. HR Manager

Date:

HR & Operations Head Signature

Signature of the Authorized person

(Due to the present unpredictable situation and non availability of facility and staff, Authorized signatory's name is mentioned above instead of signature same can be applicable for Employee)

**Note : This document has 9 pages**