PERSONAL INFORMATION FORM

Please affix your latest passport size photo

Employee Number

(to be ﬁlled by HR): ...............................................................................................................................

Project/Department: ................................................................................................................................

:

PERSONAL DATA

Full Name: ................................................................................................................................................................................

Gender: □ Male □ Female □ Non-binary

Father's Name: .......................................................................................................................................................................

Father's Occupation: ...............................................................................................................................................................

Personal Email ID: ..................................................................................................................................................................

Permanent Residential Address: ............................................................................................................................................

Telephone Number: ............................................................... Mobile: ...............................................................

Present Residential Address: .................................................................................................................................................

Telephone Number: ............................................................... Mobile: ...............................................................

Date of Birth (dd/mm/yyyy): ..................................

Place of Birth: ................................................................

Blood Group: ............................................................... Nationality: ........................................................

Marital Status: □ Single □ Married □ Separated □ Divorced

Wedding

Anniversary: ...............................................................

In case of Emergency, contact:

Name: ...............................................................

Name: ...............................................................

Address: ...........................................................

Address: ...........................................................

Tel. Number: ...................................................

Tel. Number: ...................................................

Mobile: ..............................................................

Mobile: ...............................................................

SOURCE:

How did you get to know about us?

□ Consultant □ Advertisement □ Walk-in □ Portal

□ Any other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Employee Referral (Name & Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY DETAILS

Family (Member/s Details)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | Name | Gender | Relationship | Occupation | Date of Birth (dd-mm-yy) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

GENERAL INFORMATION

Are you under any service bond? □ Yes □ No □ Other, please specify: ……………………………..

Do you suﬀer from any illness? □ Yes □ No □ Other, please specify: ……………………………..

Were you asked to resign or

terminated from your services? □ Yes □ No □ Other, please specify: ……………………………..

Have been convicted by convicted

by law in the past? □ Yes □ No □ Other, please specify: ……………………………..

Have been ever been involved in

armed conflict, been arrested, or

convicted? □ Yes □ No □ Other, please specify: ……………………………..

Any litigation pending against

you? □ Yes □ No □ Other, please specify: ……………………………..

Any other information you

would like to mention? □ Yes □ No □ Other, please specify: ……………………………..

EXTRA-CURRICULAR ACTIVITIES

|  |  |  |
| --- | --- | --- |
| Sports/Social Activities | Professional Memberships | Other Activities |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

REFERENCES @ PITNEY BOWES

Do you know anyone working in Pitney Bowes presently? If yes, please list them below.

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Name | Relationship | Designation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

LANGUAGES KNOWN (LIST DOWN THE LANGUAGES)



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No | Languages | Speak | Read | Write | Understand |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

EDUCATIONAL QUALIFICATIONS

Education (Fill in descending order, beginning with the highest full-time qualiﬁcation attained.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Duration | |  |  |  |  |
| Qualiﬁcation | Field of Specialization | From | To | Board/ University & Location | Student ID / Enrollment No | Regular/ Correspondence/ Part time | Education Status: Complete / Incomplete |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Technical/Functional Competencies

|  |  |  |
| --- | --- | --- |
| Details | Primary | Secondary |
| Technical Competencies |  |  |
| Domain/ Languages |  |  |
| OS |  |  |
| Skill sets applied |  |  |
| Languages/Tools  /Database |  |  |
| Functional Competencies |  |  |

Professional Training



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Duration/ Date | |  |  |
| Training/Course | From | To | Grade % if any | Training Institute |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

WORK EXPERIENCE

# Start with your recent job and work backwards. If necessary, use a separate sheet. Please also indicate gaps in employment, if any.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S. No | Name and Address of Company/Agency with Telephone No. | Temp/ Part-Time/ Full-Time | Designation | Emp. No. | Duration | | Reason of Leaving |
| From | To |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |



PBI NOIDA HR

DRESSCODE Code of Conduct Certiﬁcation

Employees are expected to dress in a manner that is normally acceptable in similar businesses.

|  |  |
| --- | --- |
| Monday to Thursday | - Formals (Strictly to be followed) |
| Friday | - Casuals (Jeans, T-shirts, Kurtas but no Shorts or Slippers) |

HOURS OF WORK

The company observes ﬁve days a week and working hours are from 10:30am to 7pm. Attendance is marked using the access card.

MICROSOFT OUTLOOK

The company uses Microsoft Outlook as a platform for email communication.

INTERNET ACCESS

Websites not in the interest of company or job-related roles are not to be accessed from the company premises.

FULL TIME EMPLOYMENT

All associates need to ensure that they devote their entire time to work for the company and do not undertake any direct/indirect work/business, honorary/remunerator, without written permission from the management.

In case associate is charged of misconduct/fraud during their service with us, they will be liable to be suspended for such period as the management may deem ﬁt. If the charges against them are proven, their service will be liable for dismissal forthwith, notwithstanding any other clause of letter of appointment.

SECRECY

All associates are expected to keep the details of the company’s internal processes, conﬁdential. Such information would be known to them as they are an employee of the company and in no way (by word of mouth or any other medium) should it be shared with others. Such information is valuable propriety right of PBI and includes all plans, notes, memos, printed documents, scanned documents etc.

LANGUAGE TO BE USED AT WORK

All associates are expected to communicate in the English language while at work either at PBI Oﬃce or at the work premises of any client of PBI. It should be understood that use of any language other than English is restricted to informal groups & discussions. However, while meeting any business partners/counterparts use of any language other than English is strictly prohibited even during mutual discussions among PBI employees in the presence of the business partners/counterparts.

PBI NOIDA HR

Code of Conduct Certiﬁcation

DRUG-FREE/NO SMOKING WORKPLACE

PBI prohibits the unlawful possession, use or distribution of illicit drugs and alcohol by associates at the PBI site. Smoking within oﬃce premises is strictly prohibited. PBI imposes disciplinary sanctions on associates ranging from educational and rehabilitation eﬀorts up to and including expulsion or termination of employment and referral for prosecution for violations of the standard codes of conduct. Each situation will be looked at on a case-by-case basis.

By signing below, I hereby acknowledge to my employer that I am aware of the existence of the Pitney Bowes Code of Conduct, have access to it, and have read and understood it. I am also aware of how to seek guidance or report violations.

Employee Name

Employee Signature

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PBI NOIDA HR

### Disability Self Identiﬁcation Form

Part A

### Name: …………………………………………………………………………………………………….

### Employee Number:

### Department / Process

### Location of workspace:

### Emergency contact address:

### Part B

### (Optional. Employees are encouraged to ﬁll the relevant portions, if applicable) (Please tick one of the options mentioned below)

### Are you a person with a disability?

### □ Yes □ No

### What is the nature of your disability?

### □ Orthopedic □ Visual □ Hearing □ Cerebral Palsy □ Mental Impairment □ Any Other

### Any aids/appliances being used. Please specify ....................................................................................................

### Do you need any worksite adjustments/assistance to enable you to perform your job?

### □ Yes □ No

### Do you need special help in the event of an emergency evacuation?

### □ Yes □ No

### If you have suggestions for improving our Company's accessibility to persons with disabilities

### .....................................................................................................................................................................

### Signature.........................................................

### 

### Date: ……………………………………………..

PBI NOIDA HR

I.T. SYSTEMS ACCESS AND CONTROL AUTHORIZATION AGREEMENT

Electronic information within Pitney Bowes contains client, personnel, managerial and systems information. The conﬁdentiality, integrity and availability of which should be preserved and protected.

* 1. System and data resources shall be used only in direct support of work-related activities.
  2. You are responsible and accountable for the use of your user-ID, passwords and access control items in your possession.
  3. Passwords you select must not be easy to guess. They may not contain elements related to you or your personal life. They may, for example, be formed from two unrelated words separated by a digit or a punctuation mark. Passwords should not be shared, written down or saved on an electronic support.
  4. Only the Information Security Management or, by delegation, the manager of the department responsible for computer resources should authorize removal of or additions to equipment.
  5. You may not modify, delete, access or add to sensitive data and programs without prior authorization from your supervisor.
  6. Any software installed in Pitney Bowes shall be approved by the Information Security Management or, by the delegation manager of the department responsible for computer resources.
  7. Copyright provisions of installed software shall be respected.
  8. All media received from external sources, including licensed or copyrighted software, newly acquired hardware, or hardware returned from maintenance should be scanned for virus, before being connected or transferred to the network.
  9. You may not download ﬁles from the Internet, other Pitney Bowes Servers or PCs that are copyrighted (software, music, video, midiﬁles, etc.) unless the licensing agreement speciﬁes otherwise or unless the license has been purchased.
  10. Any workstation, terminal, PC, etc., logged into by user must not be left unattended for any period of time. Logging out of system is required.
  11. Security incidents should be immediately reported to the Information Systems Operations Oﬃcer.
  12. Information on removable media should be protected in accordance with their inherent risk and their need to be conﬁdential.
  13. It is your responsibility to prepare and maintain backup copies of information processed on your workstation.

All use of Pitney Bowes computer systems can and will be monitored for compliance with these rules and your signature indicates your acceptance of this

Name of User \_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INSURANCE FORM

ENROLLMENT FORM

Corporate Name: Pitney Bowes India Pvt. Ltd. PARTICULAR OF DEPENDANTS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S.No | Name | Gender | Employee Code | Designation | DOB/Age (dd/mm/yyyy) | Relationship | Date of Joining |
| 1 |  |  |  |  |  | Self |  |
| 2 |  |  |  |  |  | Spouse |  |
| 3 |  |  |  |  |  | Father |  |
| 4 |  |  |  |  |  | Mother |  |
| 5 |  |  |  |  |  | Children |  |
| 6 |  |  |  |  |  | Children |  |

I hereby declare that the particulars stated above are true and correct to the best of my knowledge.

Signature of Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID/ VISITING CARD REQUEST FORM

Compulsory for all to paste photo (if possible, with a blue background)

Name of the Requestor: ......................................................................................................................................................................

Department (Team): ......................................................................................................................................................................

Designation: .................................................................................................................................................

Manager Name: ...........................................................................................................................................

Direct Phone No.: .........................................................................................................................................

Mobile No.: .............................................................. E-mail: .........................................................................

Number of Visiting Cards Required (\*more than 100 cards require Manager's approval) ……………………

EMPLOYEE ID CARD REQUEST FORM

Name of the Requestor: .................................................................................................................................

Employee Code.: .............................................................................................................................................

Emergency Contact No. (with STD Code): .....................................................................................................

Name and Relation

(with emergency contact person): ...................................................................................................................

Reporting Manager: ..........................................................................................................................................

Name: ..................................................................................................................................................................

Department: .........................................................................................................................................................

Designation: .........................................................................................................................................................

Employee no.: .................................................................................... Joining Date: ..........................................

(to be ﬁlled by HR)

WELCOME TO PITNEY BOWES

We welcome you to Pitney Bowes family and wish you a fruitful association with us

About This form

This form is designed to capture information which is useful to various departments in the company. Please provide all the information sought in the form.

The form is distributed into multiple worksheets in the workbook.

After ﬁlling this form, please send it to the HR representative assisting you.

Guidelines to ﬁll the form

Please read the instructions carefully to

avoid errors.

Please ﬁll in the details in capital letters only.

All ﬁelds are mandatory.

If there are any changes/updates during the

course of your tenure, please submit the necessary

document to HR and the same will be

incorporated in our database.

Documents to be submitted along with this form

1. Academic certiﬁcation: All certiﬁcates and master sheets.
2. Experience proof: Appointment letters from the last two companies.
3. Relieving letter from last two companies.
4. Salary certiﬁcates/Salary slips from last two companies.
5. Passport size photographs: 5nos.
6. Identity: Passport, PAN Card, Driving License/LL, Voter’s ID Ration Card (Any Two.)

Conﬁdentiality

This Workbook is the property of Pitney Bowes India Pvt. Ltd. and is intended to the person addressed. Any unauthorized person is not allowed to use this form or any part thereof, without written consent from the HR of the company.

