

SECRECY DECLARATION

I, _____, Employee Id : _____,
Designation _____, Department _____,
hereby report for duty on _____.

I appreciate that during the course of my work, a lot of confidential information in relation to hotel operation will come my way. I hereby solemnly declare that I will not, under any circumstances, pass this information to anyone. I hereby willingly bind myself to this oath of secrecy and voluntarily agree, in case of default, to be liable for any damages which could accrue to the hotel, as a result of my indiscretion in divulging confidential information of the hotel to others not entitled to have it. In addition, I will render myself liable to disciplinary action of this account.

Name and signature of the deponent

Human Resources Manager

Owners : Gayatri Hi-Tech Hotels Limited

1

PARK HYATT HYDERABAD®

TO : DIRECTOR OF HUMAN
RESOURCES

**SUBJECT : NOMINATION UNDER GROUP PERSONAL ACCIDENT
INSURANCE SCHEME**

I, _____, nominate Mr/Ms./Mrs. _____
_____ who is my _____ (Relationship with the employee) for
payment of any amount payable to me under the above policy, in the event of my death.

SIGNATURE OF THE EMPLOYEE

NAME : **PERSONAL NO. :**
DESIGNATION : **DATE OF BIRTH :**
DEPARTMENT: **DATE OF JOINING :**
BANK NAME. : **BANK A/C NO. :**

FAMILY PARTICULARS WITH DATE OF BIRTH

(To be filled up only if married)

	NAME/RELATIONSHIP	DATE OF BIRTH
1. Spouse Name	_____	_____
2. Child 1	_____	_____
3. Child 2	_____	_____
4. Parent1	_____	_____
5. Parent2	_____	_____

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Date :
Attn : Director of Human Resources
From : Name :
Father's/ Husband's Name:
Local Address :

SUBJ : JOINING REPORT

I _____ hereby report for joining as _____ in the
_____ department with effect from _____.

Name and Signature

He / She is hereby allowed to join as above.

Human Resources Manager

cc : Department Head
Housekeeping department
Security Office
Office Copy

Uniform Measurement								
Garment	Length	Shoulder	Sleeves Length	Chest	Waist	Hip	Collar	Shoe Size
Blouse / Shirt								
Waist Coat /Jacket								
	Length	Insim	Waist	Hip	Thigs *	Bottom *		
Trouser								
Skirt								

Owners : Gayatri Hi-Tech Hotels Limited

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Recent
Passport size
photograph

ASSOCIATE MASTER DATA SHEET

Date : _____

Employee ID _____	Joining Date _____
Full Name _____	
Position _____	Department _____
DOB _____	Place of Birth _____
Religion _____	Global ID _____
Permanent Address _____	

(please furnish a copy of proof of residence if not submitted earlier)

Current Address _____

(please inform the HR in writing for any changes in the current address during the year)

Contact Number(s) _____	Email ID _____
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Education Level	<input type="checkbox"/> High School	<input type="checkbox"/> Under Graduate	<input type="checkbox"/> Graduate
	<input type="checkbox"/> Masters	<input type="checkbox"/> Diploma	<input type="checkbox"/> Others

Marital Status _____	No of Dependants _____
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Dependent Details: *(family consists of Spouse and dependent children/parents)*

Name	Gender	Relationship	Date of Birth

Emergency contact person _____	Contact Number _____
Relationship with contact _____	

Reference Requests:

(Please indicate two (2) personal references not employed with Hyatt who will provide a reference on your behalf)

Name	Company	Position/Association	Contact Number(s)

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Would you like to have your monthly Pay Slip sent to your email ID mentioned above:

YES ☐ NO ☐

I hereby declare that the information confirmed above is true and genuine.

Signature of the Employee

Date

- The above information will be kept with high confidentiality and will not be used for any other purpose that would expose the privacy of the employee

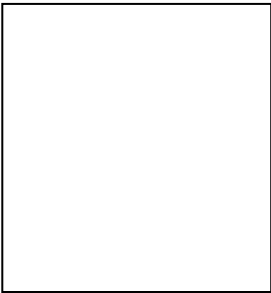
Signature by two witnesses

Name & Signature of the Witness (1)

Name &Signature of the Witness (2)

I-CARD REQUISITION FORMAT

Please fill the form in Neat, Capital letters.



Recent passport size colour photograph of the Employee
(Photograph to be stapled at the edges only)

Employee Id : _____

Name : _____
(Complete name as in the Company Application Form / records)

Designation : _____

Department : _____

Date of Joining : _____

Date of Birth : _____

Blood Group : _____
(Please mention the RH factor also)

Employee's Signature : _____
(Complete signature, in the box provided with black or blue ball-point pen. No initials)

A large, empty rectangular box with a thin black border, intended for the employee's signature. The box is positioned to the right of the signature instruction text.