

Joining Form

UAN IF AVAILABLE (OLD)					
ESIC no. if available (OLD)					
Name of Employee		Arun Kumar			
Date of birth (DD/MM/YYYY)		17/08/2000			
Date of Joining (DD/MM/YYYY)		05/09/2022			
Name of Father / Husband		Mr Dayashanker Kushwaha			
Sex / Gender (Male / Female)		Male			
Married / Unmarried		Unmarried			
Mobile No.		8601279944			
emil-id		arunk4it@gmail.com			
Qualification		B.tech(Computer Science)			
Bank Name		IFSC		ACCOUNT NO.	
Present address	Village/Mohalla	Post Office/City	District	State	Pin
	Siwach Pg,near shubash chowk,Islampur Village	Sector 38, Gurugram	Gurugram	Haryana	122005
Name of dispensary					
Permanent address	Village/Mohalla	Post Office/City	District	State	Pin
	Parasia Chandraur	Barthi	Deoria	Uttar Pradesh	274509
Name of dispensary					
Aadhar card no.		2.11813E+11			
Details of family					
Name	Date of birth (DD/MM/YYYY)	Relation	Gender	Residing with the employee (yes/not)	
Mr. Dayashanker Kushwaha	1/12/1969	Father	Male	not	
Mrs. Shlesh Singh	1/8/1976	Mother	Female	not	
Km. Nidhi Kushwaha	9/7/2005	Sister	Female	not	
Details of Nominee					

Name	Date of birth	Relation	Address		
Mr. Dayashanker Kushwaha	1/12/1969	Father	,Barthi ,Deoria,Uttar		
Salary Details	Amount				
Monthly CTC					
Monthly Gross					
ESIC (Employee)					
ESIC (Employeeer)					
EPF (Employee)					
EPF (Employer)					

(SIGNATURE OF EMPLOYEE)

Arun Kumar

SEND THIS FORM WITHIN 7 DAYS AFTER THE JOINING DATE
ATTACHED HEREWITH BOTH SIDE OF AADHAR CARD COPY, PAN CARD COPY, CANCEL CHEQUE

