



Adecco Checklist – New Employees

Name: _____

Date: _____

Client Name: _____

DOJ: _____

Documents from Joining Kit:

- ✓ Adecco Offer Letter – Signed ☐
- ✓ Adecco HRIS Form ☐
- ✓ PF Nomination Form (Form – 2) ☐
- ✓ PF Declaration Form (Form – 11) ☐
- ✓ ESIC Declaration Form (Form – 1) ☐
- ✓ Gratuity Form (Form – F) ☐
- ✓ Employment Verification Form ☐
- ✓ Income Tax Declaration Form ☐

To be submitted with above documents:

- ✓ Photographs Six(6) ☐
- ✓ Copies of Education Certificate/Marks Card (from 10th) ☐
- ✓ Proof of Date of Birth ☐
- ✓ Reliving & Experience Letter (From Recent) ☐
 - Organization 1: _____ ☐
 - Organization 2: _____ ☐
 - Organization 3: _____ ☐
- ✓ Three months pay slips from recent Organization ☐
- ✓ PAN Card Copy* (Color) ☐
- ✓ Aadhaar Card Copy* (Color) ☐
- ✓ Address Proof (Color) ☐
(Aadhaar Card/Voter ID/Driving License/Ration Card/
Passport/Last month Bank Statement)
- ✓ Family's Post-Card Size photograph (If ESIC applicable) ☐
- ✓ Bank Account Details and proof ☐
(Cancel Cheque/Pass book/E-statement/Bank Statement)
 - Bank Name: _____
 - Account Number: _____
 - IFSC Code: _____

******Note: Please tick if mentioned documents are attached and mention NA if not applicable**

Adecco Staffing - HRIS Form				PP Photograph	
Name :		Mr. / Mrs. / Ms.:			
Father's/Spouse Name :					
Mother's Maiden Name :					
Date of Birth :					
Client Name :		Location			
Designation :		Department			
Marital Status :		Single/Married	Marriage Date		
Religion :			Nationality		
Blood Group :			PAN No:		
Present Address			Permanent Address		
City:			City		
State:		PIN:	State:		PIN:
Phone :			Mobile :		
Email id :			Contact Person:		
Emergency Contact No :			Total Years of Experience :		
Previous Experience					
S.No	Name of the company	Duration	Designation	Location	
1					
2					
3					
4					
Educational Qualification (Pls mention from 10th standard to highest graduation)					
Course	University / School	Year of Passing	Duration	Class / Grade	
Employee No:			Bank Name:		
Date Of Joining			Bank A/c No:		
Contract Period					
Family / Dependents					
Father's Name:		Mr.	Age:		D.O.B.:
Mother's Name:		Mrs.	Age:		D.O.B.:
Husband / Wife Name:		Mr./ Mrs.	Age:		D.O.B.:
Son / Daughter Name:		Mr./ Ms.	Age:		D.O.B.:
Son / Daughter Name:		Mr./ Ms.	Age:		D.O.B.:
<div style="display: flex; justify-content: space-between;"> <div> <p>(Note: Mandatory if associate covered under Family floaty Insurance Policy.)</p> <p>The Above Information given by me in true and Correct</p> </div> <div> <p>OBE's Name:</p> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div></div> <div>Signature of associate</div> </div>					

FORM 2 (Revised)

NOMINATION AND DECLARATION FORM FOR UNEXEMPTED/ EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees' Provident Funds and Employees' Pension Scheme

(Paragraphs 33 & 61 (1) of the Employees Provident Fund Scheme, 1952 and Paragraph 18 of the Employees' Pension scheme, 1995)

1. Name (in Block letters) :
2. Father's/Husband's Name :
3. Date of Birth :
4. Sex :
5. Marital Status :
6. Account No. :
7. Address : Permanent :
- Temporary :

PART – A (EPF)

I hereby nominate the person(s) /cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employees' Provident Fund in the event of my death :

Name of nominee/ nominees	Address	Nominee's relation- ship with the member	Date of Birth	Total amount of share of Accumulations in Provi- dent Fund to be paid to each nominee	If the nominee is a minor, name & relationship & address of the guardian who may receive the amount during the minority of nominee
1	2	3	4	5	6

- 1 * Certified that I have no family as defined in para 2(g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a Family hereafter, the above nomination should be deemed as cancelled.
- 2 * Certified that my father/mother is/are dependent upon me.

x

Signature or thumb impression of the subscriber

*Strike out whichever is not applicable.

Part B (EPS) (Para 18)

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children pension in the event of my death.

S.No.	Name of the family member	Address	Date of Birth	Relationship with the member
1	2	3	4	5
1				
2				
3				
4				
5				
6				

** Certified that I have no family, as defined in para 2(vii) of Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 2(a)(i) and (ii) in the event of my death without leaving any eligible family member for receiving Pension.

Name and Address of the Nominee	Date of Birth	Relationship with the member
1	2	3
1.		
2.		
3.		
4.		

Date :

**Signature or thumb impression
of the subscriber**

Place :

**Strike out whichever is not applicable.

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/thumb impressed before me by Shri/Smt./Kum. _____

_____ employed in my establishment after he/she has read the entries/entries have been read over to him/her

by me and got confirmed by him/her.

Place : _____



**Signature of the employer or other
Authorized Officers of the Establishment.**

Designation

Dated the : _____

**Name & Address of the Factory/
Establishment or Rubber Stamp Thereon**

GUIDANCE FOR FILLING THE FORM No - 2

Employee's Provident Fund Scheme, 1952:-

(E P F)

Para 33 :- Declaration by persons already employed at the time of institution of the fund :-

Every person who is required or entitled to become a member of the Fund shall be asked forthwith by his employer to furnish and shall, on such demand, furnish to him, for communication to the Commissioner, particulars concerning himself and his nominee required for the declaration form in Form 2. Such employer shall enter the particulars in the declaration form and obtain the signature or thumb impression of the person concerned.

Para 61 : Nomination

1. Each member shall make in his declaration in Form 2, a nomination conferring the right to receive the amount that may stand to his credit in the Fund in the event of his death before the amount standing to his credit has become payable, or where the amount has become payable before payment has been made.
2. A member may in this nomination distribute the amount that may stand to his credit in the Fund amongst his nominees at his own discretion.
3. If a member has a family at the time of making a nomination, the nomination shall be in favour of one or more persons belonging to his family. Any nomination made by such member in favour of a person not belonging to his family shall be invalid.

Provided that a fresh nomination shall be made by the member on his marriage and any nomination made before such marriage shall be deemed to be invalid.

4. If at the time of making a nomination the member has no family, the nomination may be in favour of any person or persons but if the member subsequently acquires a family, such nomination shall forthwith be deemed to be invalid and the member shall make a fresh nomination in favour of one or more persons belonging to his family.
- 4A Where the nomination is wholly or partly in favour of a minor, the member may, for the purposes of this scheme appoint a major person of his family, as defined in clause (g) of paragraph 2, to be the guardian of the minor nominee in the event of the member predeceasing the nominee and the guardian so appointed.

Provided that where there is no major person in the family, the member may, at his discretion, appoint any other person to be a guardian of the minor nominee.

5. A nomination made under sub-paragraph(1) may at any time be modified by a member after giving a written notice of his intention of doing so in form 2. If the nominee predeceases the member, the interest of the nominee shall revert to the member who may make a fresh nomination in respect of such interest.
6. A nomination or its modification shall take effect to the extent that it is valid on the date on which it is received by the commissioner.

Para 2(g) : Family Means :-

- (i) in the case of a male member, his wife, his children, whether married or unmarried, his dependent parents and his deceased son's widow and children;

Provided that if a member proves that his wife has ceased, under the personal law governing him or the customary law of the community to which the spouses belong, to be entitled to maintenance she shall no longer be deemed to be a part of the member's family for the purpose of this scheme, unless the member subsequently intimates by express notice in writing to the commissioner that she shall continue to be so regarded; and

- (ii) In the case of a female member, her husband, her children, whether married or unmarried, her dependent parents, her husband's, dependent parents, her deceased sons's widow and children;

Provided that if a member by notice in writing to the commissioner expresses her desire to exclude her husband from the family, the husband and his dependent parents shall no longer be deemed to be a part of the member's family for the purpose of this scheme, unless the member subsequently cancels in writing any such notice.

Explanation :- In either of the above two cases, if the child of a member [or as the case may be, the child of a deceased son of the member] has been adopted by another person and if, under the personal law of the adopter, adoption is legally recognised, such a child shall be considered as excluded from the family of the member.

EMPLOYEES PENSION SCHEME, 1995
(E P S)

Para 18 : Particulars to be supplied by the Employees already employed at the time of commencement of the Employees Pension Scheme.

Every person who is entitled to become a member of the Employees Pension Fund shall be asked forthwith by his employer to furnish and that person shall, on such demand, furnish to him for communication to the Commissioner particulars concerning himself and his family in the form prescribed by the Central Provident Fund Commissioner.

Para 2(vii) :- Family means :-

- (i) Wife in the case of male member of the Employees' Pension Fund;
- (ii) Husband in the case of a female member of the Employees' Pension fund;and
- (iii) Sons and daughters of a member of the Employees Pension fund;

Explanation – The expression “Sons” and “daughters” shall include children [Legally adopted by the member]

NOTE : Members can nominate a person to receive benefits under the Employees' Pension Scheme 1995 where a member is unmarried or does not have any family. Such nominee shall be paid pension equal to widow pension in case of death of member.



Composite Declaration Form -11
(To be retained by the employer for future reference)
EMPLOYEES' PROVIDENT FUND ORGANISATION
Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment in which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1	Name of the member		
2	Father's Name <input type="checkbox"/> Spouse's Name <input type="checkbox"/>		
3	Date of Birth: (DD / MM / YYYY)		
4	Gender: (Male/Female/Transgender)		
5	Marital Status: (Married/Unmarried/Widow/Widower/Divorcee)		
6	(a) Email ID:		
	(b) Mobile No.:		
7	Present employment details: Date of joining in the current establishment (DD/MM/YYYY)		
8	KYC Details: (attach self attested copies of following KYCs)		
	a) Bank Account No. :		
	b) IFS Code of the branch:		
	c) AADHAR Number		
	d) Permanent Account Number (PAN), if available		
9	Whether earlier a member of Employees' Provident Fund Scheme, 1952		Yes / No
10	Whether earlier a member of Employees' Pension Scheme, 1995		Yes / No
11	Previous employment details: [if Yes to 9 AND/OR 10 above] – Un-exempted		
	Establishment Name & Address	Universal Account Number	PF Account Number
			Date of joining (DD/MM/YYYY)
			Date of exit (DD/MM/YYYY)
			Scheme Certificate No. (if issued)
			PPO Number (if issued)
			Non Contributory Period (NCP) Days
12	Previous employment details: [if Yes to 9 AND/OR 10 above] – For Exempted Trusts		
	Name & Address of the Trust	UAN	Member EPS A/c Number
			Date of joining (DD/MM/YYYY)
			Date of exit (DD/MM/YYYY)
			Scheme Certificate No. (if issued)
			Non Contributory Period (NCP) Days
13	a) International Worker:		Yes / No
	b) If yes, state country of origin (India/Name of other country)		
	c) Passport No.		
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]		

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/e-KYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account as I am an Aadhar verified employee in my previous PF Account.*
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date:
Place:

Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr/Ms/Mrs has joined on and has been allotted PF No. and UAN.....
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:
- **Please Tick the Appropriate Option:**
 - The KYC details of the above member in the UAN database
 - ☐ Have not been uploaded
 - ☐ Have been uploaded but not approved
 - ☐ Have been uploaded and approved with DSC/e-sign.
- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
- **Please Tick the Appropriate Option:-**
 - ☐ The KYC details of the above member in the UAN database have been approved with E-sign/Digital Signature Certificate and transfer request has been generated on portal.
 - ☐ The previous Account of the member is not Aadhar verified and hence physical transfer form shall be initiated.

Date:

Signature of Employer with Seal of
Establishment

*Auto transfer of previous PF account would be possible in respect of Aadhar verified employees only. Other employees are requested to file physical claim (Form-13) for transfer of account from the previous establishment.

FORM 'F'

[See sub-rule (1) of rule 6]

Nomination

To

ADECCO INDIA PRIVATE LIMITED
#2, NAL Wind Tunnel Road,
Murugeshpalya,
Bangalore - 560017.

I. Shri/Shrimati/Kumari..... whose particulars are given in the statement below, hereby nominate the person(s) mentioned below to receive the gratuity payable after my death as also the gratuity standing to my credit in the event of my death before that amount has become payable, or having become payable has not been paid and direct that the said amount of gratuity shall be paid in proportion indicated against the name(s) of the nominee(s).

2. I hereby certify that the person(s) mentioned is a/are member(s) of my family within the meaning of clause (h) of section (2) of the Payment of Gratuity Act, 1972.

3. I hereby declare that I have no family within the meaning of clause (h) of section (2) of the said Act.

4. (a) My father/mother/parents is/are not dependent on me.

(b) my husband's father/mother/parents is/are not dependent on my husband.

5. I have excluded my husband from my family by a notice dated the to the Controlling Authority in terms of the proviso to clause (h) of section 2 of the said Act.

6. Nomination made herein invalidates my previous nomination.

Nominee(s)

Name in full with full address of nominee(s)	Relationship with the employee	Age of nominee	Proportion by which the gratuity will be shared
1			
2			
3			
so on.			

Statement

1. Name of employee in full. :
2. Sex. :
3. Religion. :
4. Whether unmarried/married/widow/widower. :
5. Department/Branch/Section where employed :
6. Post held with Ticket or Serial No., if any. :
7. Date of appointment. :
8. Permanent address. :

Village Thana Sub-division Post Office
.....District State.....

Place : Signature/Thumb impression of the employee
Date :

Declaration by witnesses

Nomination signed/thumb impressed before me.

Name in full and full address of witnesses.	Signature of witnesses.
1	1
2	2

Place :
Date :

Certificate by the employer

Certified that the particulars of the above nomination have been verified and recorded in this establishment.

Employer's Reference No., if any.

Signature of the employer/officer authorised
Designation

Date : Name and address of the establishment or rubber
stamp thereof.

Acknowledgement by the employee

Received the duplicate copy of nomination in Form 'F' filed by me and duly certified by the employer.

Date : Signature of the employee



घोषणा पत्र DECLARATION FORM

घोषणा पत्र कर्मचारी द्वारा भरा जाएगा । फार्म के साथ पासपोर्ट आकार के दो फोटोग्राफ भी लगाए जाने चाहिए । फार्म भरने से पहले पीठ पृष्ठ पर दी गई हिदायतों को भली-भांति पढ़ लेना चाहिए । यह फार्म निःशुल्क है।
To be filled in by the employee after reading instructions overleaf. Two Postcard Size photographs are to be attached with this form. This form is free of cost.

(क) बीमाकृत व्यक्ति का विवरण

(A)INSURED PERSON's PARTICULARS

1. बीमा संख्या/Insurance No.					
2. नाम (स्पष्ट अक्षरों में) Name (in block letters)					
3. पिता/पति का नाम Father's/Husband's Name					
4. जन्म तिथि/Date of Birth	दिन D	महीना M	वर्ष Y	5. वैवाहिक स्तर Marital Status	विवाहित/ अविवाहित/विधवा M/U/W
				6. लिंग /Sex	पु./म./M/F
7. वर्तमान पता/Present Address			8. स्थायी पता/ Permanent Address		
<div></div>			<div></div>		
पिन कोड Pin Code			पिन कोड		
टेलीफोन नम्बर/ई-मेल नंबर/e-mail address			टेलीफोन नम्बर/ई-मेल नंबर/e-mail address		
शाखा कार्यालय Branch Office			औषधालय Dispensary		

(ख) नियोजक का विवरण

(B)EMPLOYER'S PARTICULARS

9. नियोजक की कूट संख्या Employer's Code No.			
10. नियुक्ति की तिथि Date of Appointment	दिन Day	महीना Month	वर्ष Year
11. नियोजक का नाम और पता/Name & Address of the Employer			
<div></div>			
12. यदि पहले नियोजन में रहे हैं तो कृपया निम्नलिखित विवरण दीजिए In case of any previous employment please fill up the details as under:-			
क) पिछली बीमा संख्या a) Previous Ins. No.			
ख) नियोजक कूट संख्या b) Emplr's. Code No.			
ग) नियोजक का नाम व पूर्ण पता c) Name & address of the Employer			
टेलीफोन नम्बर/ई-मेल नंबर/e-mail address			

(ग) मृत्यु की स्थिति में नकद हितलाभ के भुगतान के लिए क.रा.बी. अधिनियम 1948 की धारा 71/क.रा.बी. (केन्द्रीय) नियम 1950 के नियम 56(2) के अन्तर्गत नामित के ब्योरे।

(C) Details of Nominee u/s 71 of ESI Act 1948/Rule 56(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the event of death.

नाम /Name	संबंध/Relationship	पता /Address

मैं घोषणा करता/करती हूँ कि मेरे द्वारा प्रस्तुत किया गया ब्यौरा मेरी जानकारी और विश्वास के अनुसार सही है । मैं अपने परिवार के सदस्यों में हुए परिवर्तन की सूचना 15 दिन के भीतर प्रस्तुत करने का वचन भी देता/देती हूँ ।

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the Corporation any changes in the membership of my family within 15 days of such change.

नियोजक के प्रतिहस्ताक्षर

Company signature by the employer



बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठा निशान
Signature/T.I. of IP

हस्ताक्षर/सील

Signature with seal

(घ) बीमाकृत व्यक्ति के परिजनों का विवरण/

(D) FAMILY PARTICULARS OF INSURED PERSON

क्र.सं. Sl. No.	नाम Name	फार्म भरने की तारीख को आयु Date of Birth/Age as on date of filling form	कर्मचारी के साथ संबंध Relationship with the Employee	क्या उनके साथ रह रहे हैं Whether residing with him/her?		यदि नहीं तो आवास का स्थान दर्शाएं If 'No', state place of Residence	
				हाँ/Yes	नहीं/No	उप नगर/Town	राज्य/State
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

क.रा.बी. निगम
अस्थायी पहचान पत्र
ESI Corporation
Temporary Identity Card

(नियुक्ति की तिथि से 3 मास तक वैध)
(valid for 3 months from the date of appointment)

नाम/Name			
बीमा संख्या/Ins. No.		नियुक्ति की तिथि/Date of appointment	
शाखा कार्यालय Branch Office		औषधालय Dispensary	
नियोजक की कूट संख्या व पता Employer's Code No. & Address			

स्वयं एवम परिवार का फोटोग्राफ
(Space for photograph)

वैधता:
Validity:

दिनांक :
Dated :

बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठे का निशान
Signature/T.I of I.P

मोहर सहित शाखा कार्यालय प्रबंधक के हस्ताक्षर
Signature of B.M. with seal

अनुदेश
INSTRUCTIONS

1. फार्म-1 का प्रेषण क.रा.बी. (साधारण) विनियमावली-1950 के विनियम 11 व 12 के अन्तर्गत विनियमित किया जाता है।
Submission of Form-I is governed by regulations 11 & 12 of ESI (General)Regulations, 1950.
2. परिवार का अर्थ है (1) पति/पत्नी (2) बीमाकृत व्यक्ति की आय पर आश्रित वैध अथवा गोद लिये अवयस्क बच्चे/अविवाहित पुत्री (3) 21 वर्ष की आयु तक बीमाकृत व्यक्ति पर आश्रित वैध अथवा गोद लिया हुआ व्यस्क बच्चा यदि शिक्षा प्राप्त कर रहा हो (4) पूरी तरह बीमाकृत व्यक्ति की आय पर निर्भर अशक्त बच्चा (5) आश्रित माता-पिता क.रा.बी. अधिनियम की धारा-2 के अन्तर्गत परिभाषित और स्थानीय परिवारजन चिकित्सा देखरेख के हकदार हैं।
“Family” means all or any of the following relatives of an Insured Person namely:-
(i) a spouse (ii) a minor legitimate or adopted child dependant upon the I.P.; (iii) a child who is wholly dependant on the earnings of the I.P. and who is (a) receiving education, till he or she attains the age of 21 years (b) an unmarried daughter ; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependant on the earnings of the I.P. so long as the infirmity continues; (v) dependant parents (Please see Section 2 clause 11 of the ESI Act 1948 for details).
3. पहचान-पत्र अहस्तान्तरणीय है।
Identity Card is Non-transferable.
4. पहचान-पत्र गुम होने की स्थिति में नियोजक/शाखा कार्यालय प्रबंधक को तत्काल सूचित किया जाए ।
Loss of Identity Card be reported to Employer/Branch Manager immediately.
5. किसी प्रकार की गलत सूचना देने की स्थिति में क.रा.बी. अधिनियम-1948 की धारा-84 के तहत कानूनी कार्यवाही की जा सकती है।
Submission of false information attracts penal action under Section 84 of ESI Act, 1948.
6. नई नियुक्ति की स्थिति में भली-भांति भरा हुआ यह फार्म नियुक्ति के दस दिन के भीतर संबंधित स्थानीय कार्यालय में अवश्य ही प्रस्तुत किया जाना चाहिए। विलम्ब की स्थिति में नियोजक के विरुद्ध धारा-85 के तहत कानूनी कार्यवाही की जा सकती है।
This form duly filled in must reach the concerned Branch Office within 10 days of appointment of an Employee. Delay attracts penal action under Section 85 of the Act, against employer.
7. बीमाकृत व्यक्ति अंशदायी शर्तें पूरी करने पर निम्नलिखित हितलाभ प्राप्त कर सकेगा (1) बीमारी हितलाभ (2) अस्थायी अपंगता हितलाभ (3) स्थायी अपंगता हितलाभ (4) आश्रित जन हितलाभ (5) प्रसूति हितलाभ (महिला कर्मचारी के लिए)।
As an Insured Person you and your dependent family members are entitled to full medical care. The other benefits in cash include (1) Sickness Benefit (2) Temporary Disablement benefit (3) Permanent disablement Benefit (4) Dependents benefit and (5) Maternity Benefit (in case of women employees) subject to fulfillment of contributory conditions.
8. अधिक जानकारी के लिये निगम के वेबसाइट www.esic.org.in को देखें या स्थानीय कार्यालय या क्षेत्रिय कार्यालय से सम्पर्क करें।
For more details please visit website of ESIC at www.esic.org.in or contact Regional office or Branch Office.

केवल शाखा कार्यालय में प्रयोग हेतु
FOR BRANCH OFFICE USE ONLY

1. बीमा संख्या आबंटन की तारीख :
Date of Allotment of Ins. No. : _____

2. अ.प.प. जारी करने की तारीख :
Date of Issue of TIC : _____

3. औषधालय का नाम/संख्या :
Name/No. of Disp. : _____

4. क्या अन्य चिकित्सा व्यवस्था उपलब्ध है,? यदि हां, तो उल्लेख करें :
Whether reciprocal Medical arrangements involved? If yes, please indicate:
.....

प्रबन्धक के हस्ताक्षर
Signature of Branch Manager

क्र.सं. Sl. No.	नाम Name	फार्म भरने की तारीख को आयु Date of Birth/Age as on date of filling form	कर्मचारी के साथ संबंध Relationship with the Employee	क्या उनके साथ रह रहे हैं Whether residing with him/her?		यदि नहीं तो आवास का स्थान दर्शाएं If 'No', state place of Residence	
				हाँ/Yes	नहीं/No	उप नगर/Town	राज्य/State
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							



THE ADECCO GROUP

Professional Reference 1	
Name	
Company Name and Address	
Designation	
Contact Details	Mobile: Landline :

Professional Reference 2	
Name	
Company Name and Address	
Designation	
Contact Details	Mobile: Landline :

Personal Reference	
Name	
Address	
Occupation	
Relationship	
Contact Details	Mobile: Landline :