



EMPLOYEE DETAILS

Department	MARKETING DEPARTMENT
Division	IMPETUS
Location	AHMEDABAD
Date of Joining	08/09/2025



SECTION A: PERSONAL DETAILS

Title	<input checked="" type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Others(Please specify)(e.g., Dr.)
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*In Block letters please

First Name*	ABHISHEK OJHA		Date of Birth	DD	24	MM	04	YY	2001
Middle Name*	ASHOK		State of Domicile	RAJASTHAN					
Surname*	OJHA		Blood Group	B POSITIVE					
Gender	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	If Married - DOM	DD		MM		YYYY	
Marital Status	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married	Mobile Number	957177507					
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow(er)							

Permanent Address	C/o .	
	Floor No / Flat No.	42
	Area / Locality	NEW MANGLAM HOUSING SOCIETY
	Town / Village	GHODASAR
	District	AHMEDABAD
	Postcode / Country	380050

Present Address	Care of (C/o) (If any)*	
	Floor No.& Flat No.	42,
	Area / Locality	NEW MANGLAM HOUSING SOCIETY
	Town / Village	GHODASAR
	District	AHMEDABAD
	Postcode / Country	380050

Email Address*	abhishekajha07153@gmail.com		
Phone No*	Home:	Mobile (Alternative): 9672295481	
Bank :	Bank A/C:	IFS Code:	
Aadhar card Number :	924010054950232	PAN:	
Passport Number	7807 8453 3080	Validity of Passport:	
Emergency Contact Details	1. Name : ASHOK OJHA	Mobile No : 9672295481	
	2. Name : HEMLATA OJHA	Mobile No : 96024833058	

SECTION B: FAMILY DETAILS				
Relationship	Name	Date of Birth (DD/MM/YYYY)	Occupation	Whether Dependent or not
Father	ASHOK OJHA	01/01/1969	Shop keeper	No
Mother	HEMLATA OJHA	01/01/1979	HOUSE WIFE	No
Spouse				
Child 1				
Child 2				
Child 3				

Qualification Type	Qualification Details		Educational Institution / College	Duration (DD/MM/YYYY)	
	Course Specialization	Percentage		From	To
S.E	ALL	70.00%	N.A.V.M. SEC. SCH	2016	2017
SSE	SCIENCE	67 - 60%	B.S.J. GOVT. SR. SCH	2018	2019
GRADUATION	B. PHARM	6.99	M.L.S.U	2019	2024

SECTION D: PREVIOUS EMPLOYMENT DETAILS	
Organization Name	SUN PHARMA LAB LTD
Type of Industry	MARKETING
Designation	TSE
Department	SALES
Work Location	AHMEDABAD
Date of joining	16-06- 2025
Last working Day	
PF Number (If Applicable)	101880196094
UAN Number (If Applicable)	.
ESI Number (If Applicable)	
Salary : Annual CTC	3.75 Annual CTC

SECTION E : EMPLOYMENT HISTORY (Starting from the last Worked Company)						
Duration		Company	Designation	Department	Work Location	Annual CTC
From	To					
16-06-2016	08-09-2017	SUN PHARMA	TSOP	MARKETING	AHMEDABAD	8.75CTC
13-09-2017	14-01-2018	ICON LIFE	TSO	MARKETING	AHMEDABAD	2.75CTC
16-06-2017	08-09-2017	SUN PHARMA	TSU	MARKETING	AHMEDABAD	3.75CTC

References with Contact Numbers:

1. Personal (Relation)

2. Professional

How did you come to know about this vacancy? Tick the relevant option.

a) Job Portal

b) Recruitment Agency

c) Advertisement

d) Employee Reference (if so, Mention Name, Designation, Dept. & Location):-----

SECTION G : General Data

1. ↳ Are you related to or do you know anyone in our Company? If yes, please state Name, Dept. & Relation ship
 No

2.

↳ Have you been interviewed by us before? If yes, for what position and when? **YES**

↳ Willingness to accept transfer : **YES / NO**

↳ Willingness to travel : **YES / NO**

↳ Mention Scholarships, Awards won etc : **No**

↳ Are you a member of any professional body / Unions : **No**

↳ Are you associated with any cultural, social, literary or religious organization or association : **No**

↳ Did you suffer from any serious illness?: **No**

↳ Additional information, if any : **No**

Check List	Tick Mark
Copies of Academic & Professional Qualification(s)	
Copy of Class 10th Certificate	<input checked="" type="checkbox"/>
Copy of Class 12th Certificates	<input checked="" type="checkbox"/>
Copy of Degree or Graduation certificates	<input checked="" type="checkbox"/>
Copy of Post Graduation certificates	<input type="checkbox"/>
Copy of Technical Qualification Certificate	<input type="checkbox"/>
Copy of Doctorial Certificate	<input type="checkbox"/>
Copies of Previous Employment Related Documents	
Copy of Experience letter from previous employer	<input type="checkbox"/>
Copy of Pay slips from previous employer	<input type="checkbox"/>
Copy of Relieving Letter from previous 2 organization's (If any)	<input type="checkbox"/>
Form 16 for the current Financial Year	<input type="checkbox"/>
Copies of Personal Identity Proofs	
Copy of Identity Proof / Proof of Date of Birth.(Driving License / Aadhar Copy of PAN Card)	<input checked="" type="checkbox"/>
Copy of Residence Proof (Electricity bill / Telephone bill or Ration card	<input checked="" type="checkbox"/>
Card / Passport or Voter ID card)	<input type="checkbox"/>
Other Certificates	
Bank Details, Passport size Photo copies & Other forms	
One Cancelled Cheque	<input checked="" type="checkbox"/>
Passport size Photographs - 3	<input checked="" type="checkbox"/>
Provident Fund Declaration (Form 11)	<input type="checkbox"/>
ESI Registered Form (If applicable)	<input type="checkbox"/>
Exception Letter (If applicable)	<input type="checkbox"/>
Zero Tolerance & Code of Ethics (If applicable)	<input type="checkbox"/>

Declaration by the Employee:

I hereby declare that I do not have any **long-term or pre-existing chronic ailments**. In the event that any such ailment is identified or arises within one year of my joining, I authorize the company to take appropriate action as deemed necessary. I understand that any such decision will be at the sole discretion of the company.

I confirm that all the information provided above is true and correct to the best of my knowledge and belief. I also commit to performing my duties to the best of my abilities, adhering to the company's code of conduct, and maintaining the level of discipline expected by the organization.

Date: 08/03/2025

Place: 08/03/2025 Ahmedabad

Name: Abhishek Joshi

Employee Signature: Abhishek Joshi

HR Signature