



### 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):-----  
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**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
<b>Copies of Academic &amp; Professional Qualification(s)</b>	
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"/>
<b>Copies of Previous Employment Related Documents</b>	
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"/>
<b>Copies of Personal Identity Proofs</b>	
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 Card / Passport or Voter ID card)	<input checked="" type="checkbox"/>
Other Certificates	<input type="checkbox"/>
<b>Bank Details, Passport size Photo copies &amp; Other forms</b>	
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