



### **EMPLOYEE INFORMATION FORM**

This is to confirm that Mr. /Ms. \_\_\_\_\_ s/o d/o w/o \_\_\_\_\_ has joined Novac Technology Solutions (P) Ltd. as \_\_\_\_\_ with effect from \_\_\_\_\_ in \_\_\_\_\_ department in \_\_\_\_\_ office.

#### **Personal Information**

|  |   |              |
|--|---|--------------|
| Employee Name (Full name):   |   |              |
| Residential Address: ( Permanent)  |   |              |
| Employee I.D. No.:   | E- Mail I.D.  |              |
| Mobile No:   | Residence Phone No.:  |              |
| Date of Birth:   | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |              |
| Nationality:   | Passport No:  | Blood Group: |
| Driving License : <input type="checkbox"/> YES <input type="checkbox"/> NO | If <b>YES</b> Driving License No:                                     |              |
| PAN CARD <input type="checkbox"/> YES <input type="checkbox"/> NO          | If <b>YES</b> PAN CARD No:  |              |
| Bank Account Number:   | Name & Branch:  | IFSC Code:   |
| Universal Account Number (UAN):  | ESI No.:  |              |

#### **Professional Information**

|                                      |
|--------------------------------------|
| Qualification:                       |
| Certification:                       |
| Last Employer:                       |
| Overall years of working experience: |

#### **Family Information**

|   |                                     |                                  |
|---|-------------------------------------|----------------------------------|
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married                      | Anniversary Day( If married): _____ | No. of Children :                |
| Father's Name :   | D.O.B :                             |                                  |
| Mother's Name :   | D.O.B :                             |                                  |
| Spouse Name :   | D.O.B :                             |                                  |
| Children Name :   | D.O.B/Gender :                      |                                  |
| Address: ( Current )  |                                     |                                  |
| Do you have any of your relative employed in Novac Technology Solutions (P) Ltd.? If any give details |                                     |                                  |
| Name: _____   | Department: _____                   | Place: _____ Relationship: _____ |
| Person to be contacted at the time of Emergency:  |                                     |                                  |
| Primary Contact: Name :   | Contact Number :                    |                                  |
| Doctor Name :   | Contact Number :                    |                                  |

#### **References**

|                   |             |
|-------------------|-------------|
| Reference Name 1. | Contact No. |
| Reference Name 2. | Contact No. |

I have voluntarily provided the above information of self/family members/references and authorize Novac Technology Solutions (P) Ltd. and its representatives to use it for the purpose of records management and to make any official communication through post/email/phone call or message.

Employee's Signature

HR Department