

## AKSID CORPORATION LIMITED EMPLOYEE INFORMATION

Please fill in all information with as much detail as possible.

All data will be kept strictly confidential by the HR department. Thank you for your cooperation.

## **EMPLOYEE SECTION**

Full Name (with Table Mr., Arts, Miss, Mr.)  Place of Birth (Certificate)  Date of Birth (Original)  Country of Birth Nationality  Religion  Blood Group  Mobile No  Benail  National ID  Passport No  TIN No  Driving License  Please attach a copy of your NID/Passport/TIN/Driving License Copy  MARITAL STATUS  Single Married Divorced Please mark the correct one  Number of Children  FAMILY RELATED PERSON (Spouse)  FAMILY RELATED PERSON (Parents)  FAMILY RELATED PERSON (Parents)  FAMILY RELATED PERSON (Parents)  Famil Name Relationship  Birthplace Country of Birth Nationality Mobile No  Full Name Relationship  Foil Name Relation	EMI LOTEE SECTION	
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Relationship  Birthplace Country of birth Nationality Mobile No  Full Name Relationship  Birthplace Country of birth Nationality Mobile No  FAMILY RELATED PERSON (Children)  Full Name Date of Birth Birthplace Country of Birth Country of Birth	Mobile No	Email
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Nationality  FAMILY RELATED PERSON (Children)  Full Name  Birthplace  Date of Birth  Country of Birth		
FAMILY RELATED PERSON (Children)  Full Name  Date of Birth  Country of Birth		
Full Name Date of Birth  Birthplace Country of Birth	rvacionality	Mobile No
Birthplace Country of Birth	FAMILY RELATED PERSON (Children)	
	Full Name	Date of Birth
	Birthplace	Country of Birth
	Nationality	NID/Birth Certificate/Passport No

Full Name	Date of Birth		
Birthplace	Country of Birth		
Nationality	NID/Birth Certificate/Passport No		
Full Name	Date of Birth		
Birthplace	Country of Birth		
Nationality	NID/Birth Certificate/Passport No		
Full Name	Date of Birth		
Birthplace	Country of Birth		
Nationality	NID/Birth Certificate/Passport No		
PRESENT ADDRESS			
Village/House No	Road/Block/Area/Sector		
Post Office	Post Code		
Police Station	District		
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Village/House No Post Office	Road/Block/Area/Sector Post Code		
Police Station	District		
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EMERGENCY CONTACT			
Full Name	Relationship		
Address	Mobile No		
Home Phone No	Email		
DEEEDENCE (ODCANIZATIONAL /EDUCATIONA			
REFERENCE (ORGANIZATIONAL/EDUCATIONAL			
Full Name	Designation		
Organization	Relationship		
Address	Mobile No		
Email			
Full Name	Designation		
Organization	Relationship		
Address	Mobile No		
Email			
EMPLOYMENT HISTORY (Before Joining) Previous Employer	Please attach a copy of your Experience certificate(s)		
Company Name			
Job Title	Type of Industry		
Job Tide	1 y pc of fliduou y		

To

Job Period (dd/mm/yy)

Address:

From

Job title	Type of industry
Job Period (dd/mm/yy) From	То
Address:	
Company Name	
Job title	Type of industry
Job Period (dd/mm/yy) From	То
Address:	

PROFESSIONAL TRAINING (most recent and important)	Please attach a copy of your certificates
Training Title	
Institute Name	Trainer Name
Duration	Vanue
Training Title	
Institute Name	Trainer Name
Duration	Vanue
Training Title	<b>_</b>
Institute Name	Trainer Name
Duration	Vanue

PROFESSIONAL QUALIFICATION	Please attach a copy of your certificate
Exam Title	
Institute Name	Concentration
Result	Result Published Date
Address	

EDUCATIONAL QUALIFICATION (most recent)	Please attach a copy of your certificate
Exam Title	
Institute Name	Concentration/Major
Result	Result Published Date
Address	
Exam Title	
Institute Name	Concentration/Major
Result	Result Published Date
Address	

Exam Title	College Name			
Group	Result			
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By signing this document, I certify that all information provided on this form is true and complete to the best of my knowledge.				
Signature	Date			
Fingerprint of Right and Left Thumb				
HUMAN RESOURCES SECTION				
ADDITIONAL DATA				
Designation				
Employee ID number	Start/Joining Date (dd/mm/y	y)		
Type of contract (Please mark the correct one)  Tempora		Permanent		