

Credentials Submission Checklist

Employee Name: _____

Date of Joining: _____

Sl.No

List of Documents

- | | | |
|--|------------------|-----------------------------------|
| 1. Updated Resume | (Self –Attested) | <input type="checkbox"/> Attached |
| 2. Accepted Copy of Appointment Letter | (Self -Attested) | <input type="checkbox"/> Attached |
| 3. 3 Passport Size Photograph | | <input type="checkbox"/> Attached |
| 4. Copy of Experience or Relieving or Accepted Copy your Resignation from Previous Org. | | <input type="checkbox"/> Attached |
| 5. Appointment Letter + Salary Slips (Prev. Org) | | <input type="checkbox"/> Attached |
| 6. Copy of Educational Documents (10 th , 12 th , Graduation, Post-Graduation etc) | (Self -Attested) | <input type="checkbox"/> Attached |
| 7. Photo ID Proof (Pan Card + Aadhar Card or Voter ID Card+ Driving Licence) | (Self -Attested) | <input type="checkbox"/> Attached |
| 8. Bank Proof (Cancelled Cheque/ Passbook Front Page Copy/ Bank Statement) | (Self -Attested) | <input type="checkbox"/> Attached |
| 9. Copy of PF Passbook (If applicable) | | <input type="checkbox"/> Attached |

Date: _____

Signature of the Employee

**** You are requested to send all the credentials along with the joining report (Duly Filled-In) Before Your Date of Joining to the address mentioned in the E- mail.**

Please note that this joining report and credentials are mandatory to be submitted and are required for processing of your salary.



LEARNING LINKS
— FOUNDATION —
WHERE EDUCATION MEETS LEARNING

JOINING DOCUMENTS

Name : _____

DOJ : _____

App. No.: _____

(Please refer to the top left of the first page of your appointment letter for App.No.)



(Paste your
Photograph here)

PERSONAL DATA FORM

Name:

Date of Joining: **Entity:**

Designation: **Department:**

Location: **Date of Birth:**

Father's/Husband's Name:

Present Address:

House No./Village/Building No.: Area/Society Name.

Street Details/ Lankmark: District Name:

City: State: Pincode:

Permanent Address:

House No./Village/Building No.: Area/Society Name.

Street Details/ Lankmark: District Name:

City: State: Pincode:

Personal Email Id:

Emergency Contact No., **Mobile No.:**

Gender: **Blood Group:**

Pan No.: **Marital Status:**

Academic Qualifications (Please start by listing the highest qualification first):

Year	Degree	University / Institute	Subject	%age / Division

Technical / Other Qualifications:

Year	Degree / Diploma	University / Institute	Subject	%age / Division

Work Experience (Please start by listing the latest experience first):

Total Experience: _____ Profile Relevant Experience: _____

Organization	Designation	Tenure		Annual CTC	Reason for Leaving
		From (Month & Year)	To (Month & Year)		

I hereby certify that the information furnished by me in this form is true and correct.

Date

Signature of the Employee

IDENTITY CARD FORM

(Paste your
photograph here)

Employee Name: _____
(IN CAPITAL LETTERS)

Employee Code: _____

Department: _____

Entity: _____

Residential Address: _____

Residential Phone No.: _____

Personal Mobile No.: _____

Blood Group: _____

Work Location _____

Signature of the Employee

HR Approval