DEFENZELITE PRIVATE LIMITED

A VISION TO CREATE AN COMFORTABLE ACCESS TO **TRANSFORM BUSINESS ONLINE**.

Candidate Enrollment Form

Kindly share the below details for documentation purposes:-

Personal Details		Candidate Response
1	Full Name (As per Aadhar/ PAN Card)	Richa Gupta
2	Date of Birth (DD-MMM-YYYY)	01-08-2000
3	Primary Contact Number	6263653744
4	Alternate Contact Number (If applicable)	8109348531
5	E-Mail Address	anjlig883@gmail.com
6	PAN Card Number	CWNPG5450M
7	Aadhar Card Number	897755181519
10	Gender (Male/ Female)	Female
11	Emergency Contact Person Name (Relation)	Sandeep Gupta (Husband)
12	Emergency Contact Number	8109348531
13	Parent's Name / Relation	Ramesh Gupta (Father)
14	Parent's Mobile Number	9584204475
15	Marital Status (Single/ Married)	Married
16	Spouse Name (If applicable)	Sandeep Gupta
18	Highest Degree (Mention Course Name) Course Joined YEAR - Passing YEAR Ex:- 20** - 20**	(M.COM)2020-2022
19	Institute/ College Name	Pentium Point Technical College REWA M.P.
20	Last Employer (If applicable)	



DEFENZELITE PRIVATE LIMITED

A VISION TO CREATE AN COMFORTABLE ACCESS TO TRANSFORM BUSINESS ONLINE.

21		ACCESS TO TRANSFORM BUSINESS UNLINE.	
	Last Employer Industry (If applicable)		
22	Full Current Address (Self)	Sultanpur Amethi U.P.227405	
23	Full Permanent Address (Self)	Ghoordang jakira house Satna M.P.485001	
24	Total Year of Experience (If applicable)		
Employment Verification			
1	HR Email-ID (Previous HR) (If applicable)		
2	Full Company Name (Previous) (If applicable)		
3	Last Designation (Previous) (If applicable)		
4	Employee ID (Previous) (If applicable)		
5	Date of Joining (Previous) (If applicable)		
6	Last Working Day (Previous) (If applicable)		
Candidate Bank Account Details			
1	Bank Name	PUNJAB NATIONAL BANK	
2	Account Number	2675001700011488	
3	IFSC Code	PUNB0267500	
4	Branch	JHOTA SHUKWAH	

Attachments Needed:

- Passport Size Photo (mandatory)
- Highest Degree (mandatory)
- Aadhar Card (mandatory)
- Pan Card (mandatory)
- Resignation Letter (if applicable)
- Experience Letter (if applicable)



DEFENZELITE PRIVATE LIMITED

A VISION TO CREATE AN COMFORTABLE ACCESS TO TRANSFORM BUSINESS ONLINE.

Mentioned Address Electricity Bill (mandatory)

By completing and submitting this Employee Enrollment Form, you hereby agree to the following **terms** and conditions:

- You confirm that all the information provided in this form, including but not limited to Full Name,
 Date of Birth, Contact Numbers, E-Mail Address, PAN Card Number, Aadhar Card Number, Gender,
 Emergency Contact details, Parent's Name and Contact details, Marital Status, Educational Details,
 Employment Details, Address Details, and Year of Experience, is accurate, complete, and
 up-to-date.
- You agree to provide the necessary document proofs, including but not limited to, Aadhar Card, PAN Card, educational certificates, and bank information, to substantiate the information provided in this form. Failure to provide accurate information or supporting documents may result in disqualification from the enrollment process or termination of employment, if discovered later.
- You acknowledge that the information provided in this form will be used solely for the purpose of employee enrollment, payroll processing, tax compliance, and other employment-related activities. You grant us permission to process, store, and use this information in compliance with the applicable data protection laws and our internal data privacy policy.
- We reserve the right to verify the information provided in this form and conduct background checks as necessary. By submitting this form, you consent to the verification process and authorize us to contact any individuals or organizations mentioned in this form for reference or verification purposes.
- You understand that the submission of this form does not guarantee employment with our organization, and that any false or misleading information provided may lead to the disqualification of your application or termination of employment, if discovered later.
- You agree to promptly notify us of any changes to the information provided in this form, including changes to your contact details, employment status, or personal circumstances that may affect your eligibility for employment.

By signing below, you confirm that you have read, understood, and agreed to the terms and conditions mentioned above.

Applicant's Signature
Date (12-20-2023)

