

New Starter Information

Form to be completed by New Starter. Please fill out details in BLOCK CAPITALS

PERSONAL DETAILS

First Name:	Raghul Muthu	Surname:	AC
Gender:	Male	Date of Birth:	08-02-1992
Address:	145 1st floor Thalakaveri layout Amruthahalli Bangalore	Postcode:	560092
Town:	Bangalore	Relationship to Employee:	

Medical Insurance Information

Please include those who will be covered by Medical Insurance

Spouse / Partner

First Name:	Vishnu Priya	Surname:	M
Gender:	Female	Date of Birth:	21/04/1996
Relationship to Employee:			

Family Member

First Name:	Chella Muthu	Surname:	A
Gender:	Male	Date of Birth:	02-06-1950
Relationship to Employee:	Father		

Family Member

First Name:		Surname:	
Gender:		Date of Birth:	
Relationship to Employee:			

Family Member

First Name:	Lakshmi	Surname:	C
Gender:	Female	Date of Birth:	01-01-1960
Relationship to Employee:	Mother		

Family Member	
First Name:	Surname:
Gender:	Date of Birth:
Relationship to Employee:	
Family Member	
First Name:	Surname:
Gender:	Date of Birth:
Relationship to Employee:	

Signature: Raghul Muthu AC
Raghul Muthu AC (Jan 19, 2022 21:50 GMT+5.5)
Email: raghul081992@gmail.com