



TEXCUTIVE SERVICES PRIVATE LIMITED

Office-101, first floor, Omgurudev Plaza,
Bhamori, Indore, Madhya Pradesh-452011
Contact no: 0731- 4246192

EMPLOYEE ENROLMENT FORM

PLEASE RETURN THIS FORM ALONG WITH THE REQUIRED DOCUMENT (LIST MENTIONED AT THE BACK OF THE PAGE)

FOR OFFICE USE ONLY: TO BE FILLED BY TEXCUTIVE SERVICES PRIVATE LIMITED

CHECKLIST:

- ☐ LETTER OF ENGAGEMENT COPY DULY SIGNED ACCEPTED ☐ WORK ASSIGNMENT LETTER COPY DULY SIGNED ACCEPTED
- ☐ SIX PASSPORT SIZE PHOTOGRAPHS AFFIXED IN THE SPACE PROVIDED ☐ PAYSIP OF LAST DRAWN SALARY
- ☐ MARRIAGE CERTIFICATE (IN CASE OF NAME CHANGE FOR FEMALES)
- ☐ PROOF OF NAME AND DATE OF BIRTH (SSC CERTIFICATE/HSC CERTIFICATE/ BIRTH CERTIFICATE/ ANY OTHER ATTESTED

DOCUMENT SHOWING DATE OF BIRTH AND NAME /AFFIDAVIT ON A RS. 100/- STAMP PAPER FOR PROOF OF NAME)

PASTE YOUR PHOTO & SIGNATURE

- ☐ PHOTO IDENTITY (PASSPORT/DRIVING LICENSE/PANCARD/VOTER'S ID/ADHAAR CARD/ ANY AUTHORISED DOCUMENTS SHOWING PHOTOGRAPH AND NAME)
- ☐ PROOF OF ADDRESS (PASSPORT/DRIVING LICENSE/VOTER'S ID/ADHAAR CARD/RATION CARD/TELEPHONE BILL/ELECTRICITY BILL/ANY OTHER DOCUMENTS SHOWING CURRENT ADDRESS AND NAME/AFFIDAVIT ON A RS. 100/- STAMP PAPER FOR ADDRESS)
- ☐ GRADUTION/DIPLOMA CERTIFICATE (PROVISONAL CERTIFICATE/MAKRSHEETS IN CASE NOT RECEIVED) IF APPLICABLE
- ☐ WORK EXPEERIENCE LETTER AND OR RELIEVING LETTER FROM LAST EMPLOYER (OR RESIGNATION DULY ACCEPTED BY PREVIOUS EMPLOYER)
- ☐ DRIVING LICENSE. INSURANCE COPY OF VEHICLE. REGISTRATION OF VEHICLE (MUST FOR SALES PROFILE)
- ☐ CANCELLED CHEQUE/LAST MONTH BANK STATEMENT

OFFICIAL USE ONLY																												
Employee Name																												
Employee ID																												
Designation																												
Area Allocated											Territory					Zone												
Supervisor																												
Position	Permanent		Contractual				Part Time		Documents								Completed		Incomplete		Awaiting							
Contract Duration (if any)					Checked By: (name and signature)								Signed By (name and signature)								Designation							



PERSONAL INFORMATION																												
First Name																												
Middle Name																												
Last Name																												
Date of Birth	D	D	M	M	Y	Y	Y	Y	Gender	Male	Female	Others	Marital Status	Single	Married	Divorce	Other											
Nationality						Category	SC/ST	OBC	General	Other	Physical Ability			Normal	Partial Disability	Complete Disability	Other											
Date of Joining	D	D	M	M	Y	Y	Y	Y	Department																			
Designation									Area Allocated											Zone								

[illegible]

OTHER INFORMATION																																		
Pan Card No.																																		
Adhaar Card No.																																		
Voter ID No.															Driving License No.																			
Valid From	From	D	D	M	M	Y	Y	To	D	D	M	M	Y	Y																				
Passport No.																																		

BANK AND OTHER INFORMATION																																
Bank Name																																
Account Holder's Name																																
Bank Account No.																																
IFSC CODE																																
ESIC																																
UAN																																

FAMILY MEMBER INFORMATION				
RELATION	NAME	Date of Birth	Residing with self	
Father			YES	NO
Mother			YES	NO
Spouse			YES	NO
Child 1			YES	NO
Child 2			YES	NO
Name of the nominee			YES	NO

NOMINEE INFORMATION			
Name	Relationship	Date of Birth	Percentage

ACADEMIC INFORMATION					
Level	Board/Degree	Institute/School/ College	From	To	Certificate Attached
X					YES/NO
XII					YES/NO
GRADUATION					YES/NO
POST GRAD.					YES/NO
CERTIFICATION					YES/NO
COURSES					YES/NO

Personal References (Compulsory) any two			
Name		Contact No	
Address			
Name		Contact No	
Address			
Name		Contact No	
Address			
Name		Contact No	
Address			

WORK EXPERIENCE INFORMATION

Organization					
Designation		From		To	
Reason of Leaving					
Job Description					
Reporting Manager		Designation		Contact No	
Organization					
Designation		From		To	
Reason of Leaving					
Job Description					
Reporting Manager		Designation		Contact No	
Organization					
Designation		From		To	
Reason of leaving					
Job Description					
Reporting Manager		Designation		Contact No.	
Organization					
Designation		From		To	
Reason of leaving					
Job Description					
Reporting Manager		Designation		Contact No.	



Paste your Photographs

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DECLARATION: I DECLARE THAT THE INFORMATION GIVEN IN THIS PERSONAL DATA FORM AND CERTIFICATES ACCOMPANYING TO IS CORRECT AND COMPLETE TO BEST OF MY KNOWLEDGE AND BELIEF. I ALSO UNDERSTAND THAT AT ANY STAGE I MAY BE ASKED TO PROVIDE ADEQUATE JUSTIFICATION OF THE FACTS STATED ABOVE. AND I WOULD DO SO WHEN CALLED FOR. I ACCEPT THIS JOB AND POSITION GIVEN TO ME IN ALL RESPECT AND WILL STRIKE TO WORK TOWARDS COMPANY CORE VALUES AND HELP TO ACHIEVE ITS VISION AND MISSION.

Date								
Place								

Signature	
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Thanking you,
For Texcutive Services Private Limited
Dipshikha
Director HR, Texcutive, Indore

Accepted and Agreed

(Name and Signature)