## **TCSPL**

## **Employee Joining Form**

Date of	Joining:	

### 1. Personal Information

Field	Details
Full Name	
Date of Birth	
Father Name	
Gender	
Marital Status	
Nationality	
Languages Known	
Personal Email Address	
Phone Number	
Current Address	
City/State/Zip Code	
Permanent Address (if different)	
Emergency Contact Name	
Relationship to Employee	
Phone Number	
Alternate Phone Number	

Field	Details
Job Title	
Department	
Manager/Supervis	sor
Work Location	$\square$ Office $\square$ Remote $\square$ Hybrid (if hybrid, specify
Start Date	
3. Bank Details for	Payroll (Direct Deposit)
3. Bank Details for Field	Payroll (Direct Deposit)  Details
Field	
Field Bank Name	
Field  Bank Name  Account Number  Routing Number  Account Type	Details
Field  Bank Name  Account Number  Routing Number  Account Type	Details  ☐ Checking ☐ Savings

Date:

#### **Terms and Condition:**

#### 1. Resignation:

30 Days' notice period required from the employee if they decide to leave the company.

#### 2. Dismissal:

The grounds under which the company can terminate the employee's contract, including performance issues, misconduct, or redundancy.

#### 3. Work Hours and Days:

flexible work hours with core collaboration hours (e.g., 10:00 am – 06:30 pm). Work days: 6 days working (Monday to Saturday)

#### 4. Fully remote hiring:

Recruitment process includes virtual interviews, skill assessments, and onboarding through digital platforms.

#### 5. Compensation and Benefits:

Health insurance, Retirement Plans, Paid Time Off, Sick Leave, and any other benefits provided (e.g., Paid time off, Maternity/Paternity Leave, etc.).

#### 6. Confidentiality

The employee agrees to maintain confidentiality regarding any proprietary or sensitive information related to the company's operations, business strategies, clients, or employees, both during and after the term of employment.

#### 7. Leave and Absence:

The employee is entitled to take leave in accordance with the company's leave policy. Any leave requests must be submitted as per the company's procedures and may require approval from the supervisor.

#### 8. Acknowledgement and Signature:

By signing this joining letter, the employee acknowledges having read, understood, and agreed to the terms and conditions outlined above.

•	Name:
•	Date:
•	Signature:

#### 4. Document Submission (To Be Completed by Employee)

Document		Submitted (Y/N)
Proof of Identity (e.g., Adhaar card, Pan card, Passport, Driver's License, etc.)		☐ Yes ☐ No
Social Security Number (SSN) or Tax ID Number		☐ Yes ☐ No
Direct Deposit Details (Bank Account Information)		☐ Yes ☐ No
Emergency Contact Form		☐ Yes ☐ No
Health Insurance Enrollment (if applical	ole)	☐ Yes ☐ No
Employee Handbook Acknowledgemen	t	☐ Yes ☐ No
Non-Disclosure Agreement (NDA) (if ap	plicable)	☐ Yes ☐ No
Other Required Documents		☐ Yes ☐ No

### Acknowledgements

By signing this form, I acknowledge that the information provided is accurate and complete to the best of my knowledge. I understand that any falsification or omission of information may result in disciplinary action or termination of employment. I also acknowledge that I will comply with the policies and procedures of TCSPL as outlined in the Employee Handbook and other company documents.

•	Employee Signature:
•	Date:

Website: www.tcspl.in

Mail ID: hr@tcspl.in