

## JOINING DUTY FORM FOR STAFF

Doc No : F 119 Rev No : 01 Date : 17.10.16

Employee Name	ABCD						
Employee Number	162866		Please attach your recent photograph here				
Designation			- priotograpii nere				
Division							
Local Contact No							
Recruited Through							
Date Of Birth							
Date Of Landing (Sponsored Staff)							
Passport Number							
Passport Validity							
Sponsored / Local Staff							
Resident Permit Number (Local Staff Only)		Validity					
Date Of Landing (Sponsored Staff)							
Present Sponsor (Local Staff Only)							
Location Of Stay							
Telephone ( Country Of origin)							
Email ID	fszfszfgsdx@fgcghdcf.com						
Father's / Husband's Name							
Father's / Husband's Occupation							
Permanent Residential Address							
In case of Emergency Contact							
Blood Group:	Nationality: INDIA		Marital Status :				
Spouse Name		Occupation					
No of Children : 0							
Name	Age	Occupation					
Have you suffered from any major illness? YES / NO If Yes, please give details :							
Have you applied for an employment with AL BALAGH earlier? YES/NO if yes, please give details :							



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Are you related to any past / present employee / director of this Company? YES / NO :										
Language Known (underline Mother Tongue)		READ	READ		TE	SPEAK				
MALAYALAM		YES	YES			YES				
EDUATIONAL QUALIFICATION										
Qualification	Institution Place	Institution Name & Place		Year & De Month of passing Re		Specialization	Percenta ge			
VISA										
Visa Type				Visa No.		Valid Up to				
References : (Two references other than relatives)										
A. Name Address, Occupation & Phone Number :					B. Name Address, Occupation & Phone Number :					
Do you any objections to our securing report from your present and pre employers: (if required)				ıd prev	vious	YES NO				
Declaration										
I declare that the information and facts stated herein above are true and correct to the best of my knowledge and belief.										
I also understand that any misrepresentation of facts in this application is sufficient for dismissal, if ever found.										
Place										
Date: Signature:										
FOR OFFICE USE ONLY										
JOB NO./DIVISION		DATE OF JOIN			NG					
Сору То:										
Division Head GENERAL MANAGER										



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Following original certificates verified and returned: