

EMPLOYEE INFORMATION FORM

First Name			Affix your Passport Size Photo Here
Middle Name			
Last Name			
Date of Birth* (dd-mm-yy)			
Permanent Address			
Present Address			
Mobile Number		E-Mail	
Emergency Contact Person's Name		Emergency Contact Number	
Marital Status		Gender (M / F / O)	
Current Bank Name		Bank Account Number	
Branch		I.F.S.C. Code	
PAN Name & No.			
Aadhar Name & No			
Designation		Department	
Date of Joining (dd-mm-yy)		Blood Group	
UAN No		PF No	

Schooling (Tenth / S.S.L.C.)

Institution

Marks in Percentage

Year of passing

Schooling (H.S.C. / Intermediate)

Institution

Marks in Percentage

Year of passing

Under Graduation

Institution

University

Degree & Specialization

**Marks in Percentage /
C.G.P.A.**

Year of passing

Post-Graduation

Institution

University

Degree & Specialization

**Marks in Percentage /
C.G.P.A.**

Year of passing

Have the above courses been completed in stipulated timelines, if not Why?

Family Details

EMPLOYEE INFORMATION FORM

Name	Relationship	D.O.B. / Age	Occupation
	Father		
	Mother		

Technical Skills

Languages Known (With period of exposure)	
Web Services (With period of exposure)	
Cloud Services (With period of exposure)	
Domain Exposure / Knowledge (With period of exposure)	
Others (With period of exposure)	

Certifications / Recognitions / Membership in Professional Bodies

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Seminar / Training Programs Attended

Name of the Program	Conducted by	Duration

Strength	Area of improvement

Details of Current / Last Employer

Name of Company	Position
Employment Period: (dd-mm-yy) From: To:	Reported to (Name and Position)

EMPLOYEE INFORMATION FORM

Fixed Salary: Variable Salary:	Reason(s) for leaving
Reporting Person Mail ID:	HR Mail ID:
Please provide the Organization Chart showing your current position in the current assignment	

Details of Previous Employer	
Name of Company	Position
Employment Period: (dd-mm-yy) From: To:	Reported to (Name and Position)
Fixed Salary: Variable Salary:	Reason(s) for leaving
Reporting Person Mail ID:	HR Mail ID:

Details of Previous Employer	
Name of Company	Position
Employment Period: (dd-mm-yy) From: To:	Reported to (Name and Position)

EMPLOYEE INFORMATION FORM

Fixed Salary: Variable Salary:	Reason(s) for leaving
Reporting Person Mail ID:	HR Mail ID:

Reference Check:

Please provide the details of two professional references. We undertake not to contact your present employer until your consent is gained	
Name & Position Held:	Name & Position Held:
Company Name:	Company Name:
Address:	Address:
Tel. No.:	Tel. No.:
How do you know this person?	How do you know this person?

I affirm that all the details furnished by me are true to the best of my knowledge*	Signature
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