Candidate Information Sheet

Name of the Employee \_\_\_\_\_\_\_\_SABIYA TABASSUM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Joining \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Exit Details (previous employer)** | |
| Date of Resignation |  |
| Date of Relieving |  |

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**Personal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** |  |  | |  |
|  | *First Name* | *Middle Name* |  | *Last Name* |
| **Preferred Name** |  | | |  |
| **Date of Birth** |  | **Gender** |  |  |

Nationality : Marital Status : Blood Group :

Contact #

*Primary* *Alternate* *Emergency*

Email-ID :

|  |  |  |  |
| --- | --- | --- | --- |
| **ID Proofs** | **PAN** | **Passport** | **Aadhar** |
| Name as per document |  |  |  |
| Document Number |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Address** | | **Permanent Address** | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
| *Landmark* |  | *Landmark* |  |
| *Period of stay* |  | *Period of stay* |  |

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**Family Details**

(will be considered for Medical Insurance)

|  |  |  |  |
| --- | --- | --- | --- |
| **Relation** | **Full Name of the Family Member** | **Date of Birth**  (DD-MM-YYYY) | **Dependent** (Yes/No) |
|  |  |  |  |
| *Father* |  |  |  |
|  |  |  |  |
| *Mother* |  |  |  |
|  |  |  |  |
| *Spouse* |  |  |  |
|  |  |  |  |
| *Child 1* |  |  |  |
|  |  |  |  |
| *Child 2* |  |  |  |
|  |  |  |  |
| *Child 3* |  |  |  |
|  |  |  |  |

**Educational Details**

*Start with the current or recent degree*

|  |  |  |
| --- | --- | --- |
| **Degree** | **School / College / University** | **Year of Passing** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Professional Details (Mandatory)**

*Start with the most recent organization*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Organization** | **Designation** | **Date of Joining** | **Date of Relieving** |
|  |  |  |  |
|  |  |  |  |

*Please provide two reference details from your previous organization (including reporting manager)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference Name** | **Organization** | **Designation** | **Contact #** |
|  |  |  |  |
|  |  |  |  |

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*Please provide the HR department details of your recent organization*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation** | **Contact #** | **Email ID** |
|  |  |  |  |

**Bank Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name as per bank records** | **Bank Name** | **IFSC Code** | **Account No.** |
|  |  |  |  |

**Provident Fund Details (Mandatory)**

|  |  |  |
| --- | --- | --- |
| **Previous Employer PF Account -** | **To be withdrawn** | **To be transferred** |
|  |  |  |
| Your name as per PF records |  |  |
|  |  |  |
| UAN |  |  |
|  |  |  |
| Previous Employer PF Number |  |  |
|  |  |  |
| Date of Joining |  |  |
|  |  |  |
| Date of Relieving |  |  |
|  |  |  |
| Approved KYC Document |  |  |
|  |  |  |

***I hereby affirm that information stated above is true and correct.***

****

**Full Name: SABIYA TABASSUM** **Signature:**

***For Official purpose:* (To be filled by HR personnel)**

*Document Checklist*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **S No** | **Document** | **Status** | **Comment** |
| ***Personal*** | 1 | PAN Card |  |  |
|  |  |  |  |
| 2 | Passport |  |  |
|  |  |  |  |
| 3 | Aadhar Card |  |  |
|  |  |  |  |
| ***Professional*** |  |  |  |  |
| 9 | Previous Company Appointment Letter |  |  |
|  |  |  |  |
| 10 | Previous Company Relieving Letter |  |  |
|  |  |  |  |
| 11 | Previous Company Pay slips (3 months) |  |  |
|  |  |  |  |
| 12 | Form 16 |  |  |
|  |  |  |  |
| 13 | BGV Affirmation |  |  |
|  |  |  |  |
| 14 | Bond (If applicable) |  |  |
|  |  |  |  |

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