**EMPLOYEE INFORMATION FORM**

**Employee Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company: | <emp.company> | | | <photo> |
| Company Code: | <comp.code> | | |
| Employee Number: | <emp.number> | | |
| Date of Joining: | <emp.doj> | | |
| Employee Name: | <emp.name> | | | |
| Designation: | <emp.designation> | | | |
| Address: | <emp.address> | | | |
| Phone Number: | <emp.phone> | Email Address: | <emp.dob> | |
| Date of Birth: | <emp.dob> | Aadhar Number: | <emp.aadhar> | |
| Marital Status: | <emp.marital> | | | |

**Emergency Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name: | <emg.name> | | |
| Contact Number: | <emg.number> | Relationship: | <emg.rel> |

**Banking Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name: | <bank.name> | | |
| Account Number: | <bank.account> | Branch: | <bank.branch> |

**Medical/Health Information**

|  |  |
| --- | --- |
| Known Allergies: | <health.allergies> |