# eMPLOYEE dETAILS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Name |  | | | | Fix passport size  [Photograph here] |
| 1. Gender | Male: □ | Female: □ | | |
| 1. Date of birth (MM/DD/YY) |  | | | |
| 1. Date of Joining(MM/DD/YY) |  | | | |
| 1. Designation |  | | | |
| 1. Department |  | | | |
| 1. Present address |  | | | | |
| 1. Permanent address |  | | | | |
| 1. Contact no. | Mobile: | | | Home: | |
|  | Email id: | | | Alternate no: | |
| 1. Emergency contact | Mobile: | | | | |
| 1. Marital status | Single: □ | | | Married: □ | |
| Marriage anniversary (MM/DD/YY): | | | | |
| 1. Blood group |  | | | | |
| 1. Passport number |  | | | Expiry date: | |
| 1. Vehicle no. |  | | | | |
| 1. PAN no. |  | | | | |
| 1. Medical (If any) | Allergies: | | Known Ailments: | | |

# FAMILY DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Member** | **Name** | **Date of Birth** | **Contact Number** | **Occupation** |
| Father |  |  |  |  |
| Mother |  |  |  |  |
| Brother |  |  |  |  |
| Sister |  |  |  |  |
| Spouse (If married) |  |  |  |  |
| Children (Specify Gender) |  |  |  |  |

# OTHER DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **References** | **Name** | **Contact Number** | **Current Address** | **Occupation** |
| Property Owner (If staying in rented accommodation) |  |  |  |  |
| Neighbour-1 |  |  |  |  |
| Neighbour-2 |  |  |  |  |

# EDUCATION QUALIFICATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Examination / Degree** | **School / College** | **University / Board** | **Year of passing** | **Grade %** |
| 10th |  |  |  |  |
| 12th |  |  |  |  |
| Bachelors |  |  |  |  |
| Masters |  |  |  |  |
| Others |  |  |  |  |

# CERTIFICATIONS

|  |
| --- |
| 1 |
| 2 |
| 3 |
| 4 |
|  |

# PREVIOUS COMPANY DETAILS

|  |  |  |
| --- | --- | --- |
| **Provident Fund (if any)** | **Family Pension Scheme (if any)** | **Employee State Insurance (if any)** |
| PF A/c no.: | Account no.: | Insurance no.: |
| Employer’s code no.: | Life insurance: | Employer’s code no.: |
|  | Mediclaim: |  |

# PREVIOUS EMPLOYMENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start with the recent employment.** | | | | |
| **Employer’s Name & Address** | **Designation** | **Period Worked** | | **Reason of leaving** |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# ADDITIONAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Are you related / known to any of the present employees of our company?  Specify (Yes/No). | | | |
| If yes, specify name: |  | Relationship: |  |
| Have you ever worked with us before? If yes, give details. | | | |

# REFERENCES

|  |  |  |
| --- | --- | --- |
| **Provide contact details and current designation of two professional references, who had supervised you in the past.** | | |
| **Name** | **Address** (Including phone number) | **Designation** |
|  |  |  |
|  |  |  |

# NOMINEE DECLARATION

I hereby authorize the company that in the event of my death, the balance of my due for

the period of leave and all the other dues availed shall be paid to (specify name here)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is my (specify relationship)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and resides at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Note: The nomination shall remain in force until it is cancelled or revised by another nominations.**

# DECLARATION

I certify that the particulars mentioned in this Employment form are correct. I agree to

abide to the rules and regulations of the organization. And in case, any of my information

is proved to be factually incorrect then my services are liable to be terminated without

assigning any reason or notice.

|  |  |
| --- | --- |
| **DATE:** | **SIGNATURE:** |