

Personal Data Form

Date Of Joining:

Designation:

Photo
graph

1	Name in full (Use CAPITAL letters)	
2	Father's/ Husband's Name (As per documents)	
3	Mobile No.	
4	Email	
5	Present house Address	
6	Permanent Home Address	
7	Date of Birth	
8	Blood Group	
9	Education Qualification	
10	Emergency Contact Information	
11	Marital Status	
12	Permanent Account No. (PAN)	

Signature Employee**GM****H.R. Deptt.**



Zeelab Pharmacy Pvt Ltd

Own Conveyance: Yes / No

License: Yes / No if Yes then No. _____

Willingness to travel: Yes / No

Have you worked with Zeelab Pharmacy Group in the past?

Yes / No

Do you know anyone in Zeelab? If yes, give details:

Have you appeared for an interview at Zeelab before? If yes, Specify when and for which profile:

	Course Name	Board / University	Name of School / University	Year	% Scored
10 th class					
12 th					
Graduation					
Professional Qualification					
Any Other Qualification					
Any course being pursued					

	Name	Occupation
Father		
Mother		
Spouse		
Sibling/s		

Details of last 4 organization					
Sr	Organization name	Designation	Duration of Work	Salary per month	Reason for change
1			from-		
			To-		
2			from-		
			To-		
3			from-		
			To-		
4			from-		
			To-		

ESIC No. if any:	
P.F or UAN No if any _	

Bank Details	
Full Name in Bank A/c:-	
Bank A/C Number.	
IFSC Code:-	
Name of Bank:	
Pan Card No.	

Any known medical illness (Contagious / non contagious / hereditary/ other)

If yes, give details:

CONFIRMATION REGARDING LEGAL ASSOCIATION

Any judicial proceeding against you or case/s pending in the court of Law/Police.

(Yes / No)

If yes, give details:

—

I declare that the above mentioned information is true to best of my knowledge. Any action which the management deems fit may be taken if discrepancy is found in the same.

(DATE)

(SIGNATURE)

<u>For HR Deptt Use Only</u>		
Offered CTC	In hand per month	PF (Y/N)

HR Deptt (Signature)

Zeelab Pharmacy Pvt Ltd

GM (Signature)

Reference Check need to fill by Candidate	
Previous company details required	Details required
Employee Name	
Employee ID of previous company	
Designation in previous company	
Name of previous company	
Based location	
Date of Joining	
Date of relieving	
Monthly salary	
Reason for job change	
Name of Reporting Manager	
Designation of Reporting Manager	
Email ID of Reporting Manager	
Mobile Number of Reporting Manager	
Name of HR in previous company	
Official Email id of HR	
Mobile number of HR	

Signature Employee