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| **EMPLOYEE INFORMATION FORM** | | | | | | | | | |
| Employee Full Name (Last, First, M.I.) | | | | | | Position : | | | |
| Parmanent Address () | | | City | | | State | | | Pin Code |
| Temporary Address | | | City | | | State | | | Pin Code |
| Gender  [] Male  [] Female | | Birth Date (As per LC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Month Day Year | Marital Status  [] Single  [] Married | | | Home / Cell Telephone Number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Blood Group | | Medical Fitness: [] Fit [] Unfit  Specify: | | | | Identity Mark: | | | |
| Dependent Information  Father : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Spouse : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child 1 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date OF Birth/Age  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | A**ddress** | | | |
| Aadhar No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  UAN No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ESIC No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Bank Details:  A/C No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IFSC Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: | | | | |
| Emergency Contact Information  Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile : | | | Address : | | | | | | |
| Job Information :  Department : | | | Daily Wage Rate:  Training Date :  Joining Date : | | | | | ID Proof :  Address Proof | |
| Employee Declaration :  I hereby declare that the information submitted is correct and true. For any false information, I will be held responsible. | | | | | | | | | |
| **Date :** | **Employee Signature** | | | **Supervisor Signature** | | | **HR Signature** | | |