



STAFF's INFORMATION FORM

First Name	Middle Name	Last Name

Date of Joining				
Date of Birth		Age		
Aadhar Card Number	PAN Number			
Your Mobile / Telephone No.	Contact Number Of A Family Member			

Postal Address			
House # / Bldg Name		Street Name	
Landmark		Locality	
City		Pin	

Religion	Sub Caste	Native Place

Marital Status	(Unmarried / Married / Widowed / Divorced)

Medical Conditions / Allergies (IF ANY)

Parents / Sibling Details				
Parent's Name	Father		Age	
	Mother			
No. Of Siblings	Brothers		Sisters	

Details of Spouse			
Name	DOB	Qualification / Occupation	Designation/Employer

Details of Children		
Child's Name	DOB	Grade / School (if Studying) Qualification / Employer (If employed)

Educational Qualifications				
Qualification/Degree (Matriculation Upwards)	Year of Passing	Name Of The Institute / University	Subjects	Class / % Achieved

Details of Courses / Workshops Attended	
Name of Course / Workshop	Conducted By / Duration

Work Experience		
Name of Employer/Institute	Designation	Number of years

Copies of Aadhar, PAN, Educational Qualifications, & Relieving Letter from previous employers are attached. I certify that the above information is true.

Sign of Employee

Date

Educational Qualifications

Qualification/Degree (Matriculation Upwards)	Year of Passing	Name Of The Institute / University	Subjects	Class / % Achieved

