

**STAFF'S INFORMATION FORM**

First Name	Middle Name	Last Name

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

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

Religion	Sub Caste	Native Place

Marital Status	(Unmarried / Married / Widowed / Divorced)

Medical Conditions / Allergies (IF ANY)

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

<b>Details of Spouse</b>			
Name	DOB	Qualification / Occupation	Designation/Employer

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

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

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

<b>Work Experience</b>		
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.

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Sign of Employee

\_\_\_\_\_  
Date

### Educational Qualifications

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

