



Employee On-Boarding Form

- Fill-up the BGC Form completely and accurately with copies of all relevant supporting documents as proof

To be filled by the HR Team

- Employee Name: Vinit Patel
- Employee ID: TAO 864
- Designation: Trainee consultant



23-9-17

Employee Personal Information

First Name: <u>VINITKUMAR SATISHBHAI PATEL</u>		
Middle Name: <u>SATISHBHAI</u>		
Last Name: <u>PATEL</u>		
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others		
Date of Birth (DD-MMM-YYYY): <u>18-04-1991</u>	Place of Birth: <u>NAVARI, GUJARAT</u>	
Marital status: <u>UNMARRIED</u>	Blood group: <u>AB+</u>	
Contact No: <u>9904140596</u>	Email ID: <u>VINITPATEL1991@gmail.com</u>	
Alternate Email ID: <u>VINITPATEL1991@yahoo.in</u>		
Emergency Contact Details: <u>SATISHBHAI BABURHAI PATEL</u>		
Name: <u>SATISHBHAI</u>	Relation: <u>FATHER</u>	Contact No: <u>99094 11070</u>
Father's Name: <u>SATISHBHAI</u>	Mother's name: <u>URMILABEN</u>	
Spouse's Name: <u>-</u>		

Nationality: INDIAN

Citizenship: INDIAN



Employee Address Information

Present Address	SRI TIRUMALA GENTS AG, Room no. 108, # 28, 1st cross, 1st Main, NS. Palaya, BTM 2nd Stage, Bangalore
Phone No	
Permanent Address	84, Khadak; Faliya, Sarpan Tal. & Dist - Navsari, 396433
Phone No	9904140596, 9909411070

Employee Education Information

Academic Details	Name of the Board/University	Name of the Institution	Marks Obtained (In %)	Passing Year	Stream
PG					
Graduation	G.T.U	P.T.E.T	56.01	2014	C.S.E
12 th /Diploma	G.S.H.S.E.B	M.N.N.H.S.S	55.20	2008	Science
10th	G.S.H.S.E.B	G.V.R	70.86	2006	=

	Skill Name	Institute Name	Certification ID	Validity Period
Training				
Certification				

Records with TAMS (If any)

Have you worked in TAMS before? NO

If yes, please specify Employee ID: _____

Employees professional Details

TAMS Infotech Pvt. Ltd.



SL NO	Company Name	Designation	Employment Type	Reason for leaving	Gross monthly salary
1.	Tech-Fusion Technologies	Software Developer	Permanent	Salary not Paid	10,000

Employee Government ID Information

PAN:	DUKPP9104H		
Aadhar No:	9853 3321 7119		
Driving License Number:	GJ21 20090007621		
Driving License valid up to (mm/dd/yyyy):	21/10/2029		
Passport Details:			
Passport No:	S 5664911		
Place of Issue:	SURAT		
Passport Enquiry Date:	09/11/2018		
Has your Visa ever been rejected?	No		

(If yes, then provide the following details)

Date of rejection: _____

For which country: _____

Reason: _____

NASSCOM – NSR (National Skills Registry) – IT PIN Number: _____

Employee Family Details

TAMS Infotech Pvt. Ltd.



MEMBERS	NAME	DATE OF BIRTH	QUALIFICATION	OCCUPATION	DEPENDENT (Y/N)
Self	VINIT	18/04/91	B.E	EMPLOYEE	NO
Spouse					
Child 1					
Child 2					
Mother	URMILABEN	04/10/66	B.A.	HOUSEWIFE	
Father	SATISHBHAI	10/03/67	12th	FARMER	

Reference (From your current employer only)

Name:	GAURAV PATEL
Organization:	C.E.O.
Designation:	
Contact No:	94081 90952

Employee Health History

Do you wear Spectacles: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, specify the power - Right Eye	Left Eye
Do you suffer from any of below mentioned diseases?	
<input type="checkbox"/> Respiratory Disorder	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Asthma	
Others – Specify:	
Do you have any family history on any of the below diseases:	
<input type="checkbox"/> Respiratory Disorder	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Asthma	
Others – Specify:	



Have you suffered from any ailments? If yes, specify.

- | | | | |
|---|------------------------------------|--------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Malaria | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Hernia | <input type="checkbox"/> Piles |
| <input type="checkbox"/> Liver ailments | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Others..... | |

Have you had any accident in the past? If yes, provide details

Have you undergone any surgery earlier? If yes, provide details



Letter of Authorization

To whom it may concern

If employed by TAMS Infotech Pvt. Ltd., I agree to provide copies of mark sheets and relevant certificates. I understand that employment with TAMS Infotech Pvt. Ltd. is governed by TAMS Infotech Pvt. Ltd. Employment Policies as applicable, including satisfactory information from a background verification check

I hereby certify all of the statements made on the TAMS Infotech Private Ltd Employee Application Form are true and complete and I understand that omission or misrepresentation of any fact may result in refusal of employment or immediate termination/dismissal.

I hereby authorize TAMS Infotech Private Ltd and its representative to verify information provided in my resume and application of employment, and to conduct enquiries as may be necessary, at the company's discretion. I authorize all persons who may have information relevant to this enquiry to disclose it to TAMS Infotech Private Ltd. or its representative. I release all persons from liability on account of such disclosure.

Signature : V. S. Patel

Name in Capitals : VINIT KUMAR SATISHBHAI PATEL

Date : 03-12-2018

For internal use only: To be filled by TAMS Infotech

*Signature of the Recruiter : _____

Name of the Recruiter : _____