

# Onboarding Form

## Official Details (To be filled by TAMS HR)

Employee Type \_\_\_\_\_

Designation \_\_\_\_\_

Employee ID \_\_\_\_\_

Joining Date \_\_\_\_\_

## Personal Details

Click to upload Image

Click on blank space to add an image.

No polarized photos please

First Name \_\_\_\_\_

Nationality \_\_\_\_\_

Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_

Blood Group \_\_\_\_\_

Gender \_\_\_\_\_

Marital Status \_\_\_\_\_

Office Contact \_\_\_\_\_

Mobile Contact \_\_\_\_\_

Personal Email \_\_\_\_\_

Office Email \_\_\_\_\_

Emergency Contact Person 1

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Emergency Contact Number 1

---

Emergency Contact Person 2

---

Emergency Contact Number 2

---

## Address Details

Permanent same as current

### Current Address

### Permanent Address

Flat/House No.

---

Flat/House No.

---

Apt Name

---

Apt Name

---

Street 1

---

Street 1

---

Street 2

---

Street 2

---

Area

---

Area

---

City

---

City

---

Pin Code

---

Pin Code

---

State

---

State

---

## Passport Details

Passport No. \_\_\_\_\_ Issue Location \_\_\_\_\_

Date of Issue \_\_\_\_\_ Date of Expiry \_\_\_\_\_

## Other Details

PAN Number \_\_\_\_\_ Aadhar No. \_\_\_\_\_

Physically Challenged? Yes No If yes, specify \_\_\_\_\_

## Academic Details

### Basic Qualification

Degree	Board	Percentage (%)	Year of passing	School/University
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Graduation and Post-Graduation

Course	Mode	Percentage (%)	Year of passing	Institution
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Compliance Details

PF A/C No. \_\_\_\_\_ UAN No. \_\_\_\_\_

## Previous Employment

**Employment 1**      **Organizaton** \_\_\_\_\_

Location \_\_\_\_\_ Designation \_\_\_\_\_

Joining Date \_\_\_\_\_ Employee ID \_\_\_\_\_

Experience \_\_\_\_\_ Leaving Date \_\_\_\_\_

CTC \_\_\_\_\_ HR Name \_\_\_\_\_

HR Contact No. \_\_\_\_\_ HR Email ID \_\_\_\_\_

**Employment 2**      **Organizaton** \_\_\_\_\_

Location \_\_\_\_\_ Designation \_\_\_\_\_

Joining Date \_\_\_\_\_ Employee ID \_\_\_\_\_

Experience \_\_\_\_\_ Leaving Date \_\_\_\_\_

CTC \_\_\_\_\_ HR Name \_\_\_\_\_

HR Contact No. \_\_\_\_\_ HR Email ID \_\_\_\_\_

**Employment 3****Organizaton** \_\_\_\_\_

Location	_____	Designation	_____
Joining Date	_____	Employee ID	_____
Experience	_____	Leaving Date	_____
CTC	_____	HR Name	_____
HR Contact No.	_____	HR Email ID	_____

**Dependent Details**

Relation	Name	Contact No.	DOB	Gender
Spouse	_____	_____	_____	_____
Child 1	_____	_____	_____	_____
Child 2	_____	_____	_____	_____
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____

I certify that the information furnished in this form is factually correct and complete in all respects to the best of my knowledge and belief.

Place: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_