

Onboarding Form

Official Details (To be filled by TAMS HR)

Employee Type Trainee

Designation _____

Employee ID TRE08

Joining Date 9. Dec. 2019

Personal Details



Click on blank space to add an image.

No polarized photos please

First Name Ashay

Nationality Indian

Middle Name Kumari

Date of Birth 20-12-1996

Last Name Agrawal

Blood Group A+

Gender Female

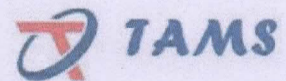
Marital Status Unmarried

Office Contact _____

Mobile Contact 7869616383/9131689862

Personal Email ashayagrawal21@gmail.com

Office Email _____



Emergency Contact Person 1 W.P. Agrawal

Emergency Contact Number 1 8839662627

Emergency Contact Person 2 Yandana Agrawal

Emergency Contact Number 2 9752054173

Address Details

☐ Permanent same as current

Current Address

Flat/House No. 43

Apt Name Temple tree pg

Street 1 4th cross Rd

Street 2 5th Block

Area Koramangala

City Bengaluru

Pin Code 560047

State Karnataka

Permanent Address

Flat/House No. Wali No- 02

Apt Name

Street 1 Shivaji Nagar

Street 2 Near Surya hotel

Area Katni Murwara

City Katni

Pin Code 483501

State Madhya Pradesh

Passport Details

Passport No. _____ Issue Location _____
 Date of Issue _____ Date of Expiry _____

Other Details

PAN Number CHTPA7938P Aadhar No. 4890 8746 6070
 Physically Challenged? ☐ Yes ☒ No If yes, specify _____

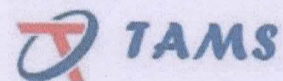
Academic Details

Basic Qualification

Degree	Board	Percentage (%)	Year of passing	School/University
<u>12th</u>	<u>CBSE</u>	<u>74</u>	<u>2013</u>	<u>JPY DAY Public School</u>
<u>10th</u>	<u>CBSE</u>	<u>64</u>	<u>2011</u>	<u>DAY Acc Public School</u>

Graduation and Post-Graduation

Course	Mode	Percentage (%)	Year of passing	Institution
<u>B. Com</u>		<u>60</u>	<u>2016</u>	<u>mate huzrim</u>
<u>MBA</u>		<u>68</u>	<u>2019</u>	<u>Ua mahavidyal</u>
				<u>IPS Academ</u>
				<u>Indore</u>



Compliance Details

PF A/C No.

UAN No.

Previous Employment

Employment 1

Organization

Location

Designation

Joining Date

Employee ID

Experience

Leaving Date

CTC

HR Name

HR Contact No.

HR Email ID

Employment 2

Organization

Location

Designation

Joining Date

Employee ID

Experience

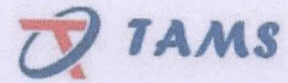
Leaving Date

CTC

HR Name

HR Contact No.

HR Email ID

**Employment 3**

Organization _____

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	<u>UP Agrawal</u>	<u>8839662627</u>	<u>08-01-1954</u>	<u>Male</u>
Mother	<u>Vandana Agrawal</u>	<u>9752054173</u>	<u>05-08-1973</u>	<u>Female</u>

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: BengaluruSignature of Applicant: Ashay AgrawalDate: 5-12-19Applicant Name: Ashay Agrawal