

## Employment Application Form

**For internal use only: To be filled by TAMS HR**

Employee ID Number: \_\_\_\_\_  
 Date of Joining : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Employment Type : ☐ Permanent ☐ Contract

Please attach recent  
 passport size  
 photograph

Personal Details			
Please expand initials in your name -- <i>As the same would be used in our Employment records</i>			
Title (Mr./Ms.)	First Name	Middle Name	Last Name
Primary Skill / Competency			
<p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female    Nationality: .....    Citizenship: .....</p> <p>Date of Birth : .....    Place of Birth: .....</p> <p>Maiden Name: (applicable for married females): .....</p> <p>Father's Name: .....</p> <p>Mother's Name: .....</p> <p>Mother's Maiden Name: .....</p> <p>Contact Number/s: .....    Land Line No. : .....</p> <p>Emergency Contact Person: .....    Emergency Contact No: .....</p> <p>Personal Email ID: .....</p> <p>Alternate Email ID: .....</p>			
<u>Current Address:</u> <div style="height: 100px;"></div>		<u>Permanent Address:</u> <div style="height: 100px;"></div>	

<b>Phone Number:</b>		<b>Phone Number:</b>		
<b>Period Of Stay</b>	<b>Current Address</b>		<b>Permanent Address</b>	
	From (month/year)	To (month/year)	From (month/year)	To (month/year)
<i>If you do not have a Passport, it is recommended that you apply for the same before joining.</i>				
<b>Passport Number :</b> _____ <b>Passport Issue Date:</b> _____ <b>Passport Expiry Date :</b> _____ <b>Place of Issue :</b> _____ <b>Has your visa ever been rejected?:</b> _____ <div style="text-align: center; margin-top: 10px;">(If yes, please provide the following details)</div> <b>Date of rejection :</b> _____ <b>For which country :</b> _____ <b>Reason :</b> _____				
<div style="text-align: center; margin-bottom: 10px;"> <b>Permanent Account Number (PAN) :</b>          (If applied, please present copy of acknowledgement receipt)       </div> <b>NASSCOM – NSR (National Skills Registry) – IT PIN Number:</b> _____ <b>Unique Identification No:</b> _____ <div style="text-align: center; margin-top: 5px;">(If applied, please present copy of acknowledgement receipt)</div> <b>Driving License Number:</b> _____ <b>Driving License valid up to (mm/dd/yyyy):</b> _____				

Reference (Employer 1)	
Name and Designation :	
Organization	:
Relationship	:
Address :	
Telephone and Email ID :	

Reference (Employer 2)	
Name and Designation :	
Organization	:
Relationship	:
Address :	
Telephone and Email ID :	

Reference (Employer 3)	
Name and Designation :	
Organization	:
Relationship	:
Address :	
Telephone and Email ID :	

## Employment Details

Previous Employer's Description	Previous Employment 1	Previous Employment 2
Date of emp. From:		
Date of emp. To:		
Designation:		
Employee ID:		
Employment Type		
HR Name:		
HR Designation:		
Email:		
Contact No.:		
Supervisor Name:		
Supervisor Designation:		
Email:		
Contact No.		
Last Drawn Salary		
Reason for leaving		
Mode of Separation		
Employer Name:		
Address: (Give Complete Address incl. Postal code, prominent landmark)		
	Town/City:	Town/City:
	State:	State:
	Pin Code:	Pin Code:
Company Status:	Is company currently functioning? Yes / No	Is company currently functioning? Yes / No

Ensure that you are descriptive wherever necessary – e.g. If your previous company is closed down, please do mention it. Telephone Number with specific location code, Employee Code/ ID/ Number is mandatory. If your previous employer did not provide the Employee ID, please mention and state reasons for the same. Employment details should be of the company you are on payrolls of, not of a company you are deputed to on an assignment with. In case you are showing employments experience in a skill enabling or professional Training institute the same should only be shown if you were on the payrolls of such an institute.

<b>Education Details</b>						
<b>Qualification with Specialization (Starting from most recent)</b>	<b>Institution Name &amp; City (School/College)</b>	<b>University Name &amp; City / Board Affiliated To</b>	<b>Period (From – To) (dd/mm/yyyy)</b>	<b>Student ID / Reg No.</b>	<b>Program (Part Time / Full Time)</b>	<b>% age marks</b>
<b>HSC/ 12<sup>th</sup></b>						
<b>SSC/ 10<sup>th</sup></b>						
<b>Others</b>						
<b>State reasons for gap in education (if any) :</b>						

Health History					
<p>Blood Group: .....</p> <p>Do you wear Spectacles :      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, specify the power - Right Eye .....      Left Eye .....</p> <p>Do you suffer from any of below mentioned diseases</p> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Respiratory Disorder</div> <div><input type="checkbox"/> Heart Disease</div> <div><input type="checkbox"/> Tuberculosis</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Blood Pressure</div> <div><input type="checkbox"/> Diabetes</div> <div><input type="checkbox"/> Asthma</div> </div> <p>Others – Specify: .....</p> <p>Have you suffered from any ailments? If yes, specify.</p> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Malaria</div> <div><input type="checkbox"/> Jaundice</div> <div><input type="checkbox"/> Hernia</div> <div><input type="checkbox"/> Piles</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Liver ailments</div> <div><input type="checkbox"/> Back Pain</div> <div><input type="checkbox"/> Others.....</div> </div> <p>Have you had any accident in the past? If yes, provide details</p> <p>.....</p> <p>Have you undergone any surgery earlier? If yes, provide details</p> <p>.....</p>					
Family History					
<i>Please attach age proof for each family member</i>					
MEMBERS	NAME	DATE OF BIRTH	QUALIFICATION	OCCUPATION	DEPENDENT (Y/N)
Self					
Spouse					
Child 1					
Child 2					
Mother					
Father					

## 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(Permanent /Contract), 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** :

**Name in Capitals** :

**Date** :

**For internal use only: To be filled by TAMS Infotech**

**Signature of the Recruiter** : \_\_\_\_\_

**Name of the Recruiter** : \_\_\_\_\_

**Date** : \_\_\_\_\_

\* The Signature of the recruiter needs to be present in case the application is sent as soft copy and does not have the signature of the candidate.

The hardcopy of the email received also needs to be submitted along with this form as an audit trail.