

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

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: _____