

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: _____