

Starter Employee information

Name: _____

Address: _____

Tel. No: _____ Cell No: _____

Emergency Contact No.: _____ & relation: _____

Date of Join: _____ Date of birth: _____

Identification proof: _____ Number _____
(Attached with form)

Identification proof: _____ Number _____
(Attached with form)

Other relevant information

1. _____
2. _____
3. _____
4. _____
5. _____

Experience & Qualification

Best performed in _____

Employee Sign. _____

Exe. H.R. Sign. _____