

## Check List

Name: \_\_\_\_\_ DOJ: \_\_\_\_\_ Designation: \_\_\_\_\_

**The following Documents are required for new joined employees:**

1. Mother Name: \_\_\_\_\_
2. Nationality Card No : (1) Ration Card No : \_\_\_\_\_  
(2) Voter ID No : \_\_\_\_\_
3. Passport information : \_\_\_\_\_ Passport Validity Date: \_\_\_\_\_
4. Driving License information : \_\_\_\_\_ Driving License Validity Date: \_\_\_\_\_
5. Blood Group: \_\_\_\_\_
6. Martial status: Yes / No \_\_\_\_\_ Marriage Date: \_\_\_\_\_

S.No	Family Members Name	Relationship with employee	Martial status	Marriage date	Education	Occupation	DOB

Checked by  
Signature

Authorized By

Employee



(ii) **FAMILY BACKGROUND:**

1. Father's / Husband's / Guardian's Name : \_\_\_\_\_

Occupation: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Details of family members including those who may not be staying with you:

S.No	Name	Relationship	Occupation, if employed, Name & Address of the Employer	Whether staying with you	Whether dependent or not

3. Do you have any relative employed in Government? Yes / No

If "Yes" Please give details : Name \_\_\_\_\_

Relation \_\_\_\_\_ Dept. & Address: \_\_\_\_\_

\_\_\_\_\_

4. Do you have any landed property? Yes / No

If 'Yes' Please state: Village: \_\_\_\_\_ Taluk \_\_\_\_\_

Dist. : \_\_\_\_\_

(iii) **HEALTH DATA:**

1. Height in cms: \_\_\_\_\_ 2. Weight in Kgs. \_\_\_\_\_

3. Identification Marks:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. How long suffered illness during last two years \_\_\_\_\_

5. Have you suffered from any serious illness or undergone surgical operation: Yes/No

6. Do you wear Glass: Yes / No

7. Are you physically handicapped? Yes / No

If 'Yes' give details:

8. Educational Qualification: (Academic)

Particulars	Name of the Institution &Place	Examinations passed	Year of passing	Main subjects	% of marks obtained
High school					
Bachelor Degree					
Post Graduation					

9. Other Special Training / Apprenticeship / Research etc.:

Name & Address of the Employer / Institution	Period of training		Details of work done	Stipend per month
	From	To		

(iv) **EXTRA CURRICULAR ACTIVITIES:**

Sports & Games:

Name of sports/games participated	Institution/School/ College/State/National	Year	Distinction achieved if any	Present interest

Any other special interest and hobbies

Social work etc:

**PREVIOUS WORK EXPERIENCE:**

Name & Address of the Employer	Position held	Period of employment		Total Emoluments including allowance	Nature of work	Reason for leaving
		From	To			
1.						
2.						
3.						
4.						
5.						

Do you have any objection, if we make reference to your previous employer? Yes/No

(v) **GENERAL DATA:**

1. Provident Fund A/c No. with previous employer \_\_\_\_\_

2. ESI No. \_\_\_\_\_ Name & Address of the Hospital: \_\_\_\_\_

3. Have you ever been convicted before? Yes / No.

4. Have you ever been interviewed and / or employer previously by us? Yes / No.

If 'Yes' please give details of the post and the date of interview.

\_\_\_\_\_

5. Have you any relative in the service of this company? Yes / No.

If 'Yes' Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Designation: \_\_\_\_\_

6. Have you any acquaintance in our company? Yes / No.

If 'Yes' Name: \_\_\_\_\_ Designation \_\_\_\_\_

7. Who referred to us?

Name and Address: \_\_\_\_\_

\_\_\_\_\_

8. Explain why you think you are particularly suited for the post in question (not more Than 70 words)

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9. Do you have any contract / bond with your previous employer? Yes / No

If 'Yes' give details: \_\_\_\_\_

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10. Name & address of two persons (not relative) good social standing who know you intimately and to whom reference may be made:

(a) Name: \_\_\_\_\_ (b) Name : \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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11. Nomination for dues from the company other than P.F. & Gratuity:

I declare that the foregoing information is correct and complete to the best of my Knowledge and belief.

Place:

Date:

Signature of Applicant

Note: Please attach true copies of the certificated and testimonials.