

Check List of Staff Documents

Employer Name:- _____

Employer Address:- _____

Employee Name: _____

Joining Date: _____

Department: _____

| Sr. No. | Form Details | Status |
|---------|--|--------|
| 1 | Employee Form filled by employee. | |
| 2 | One Photo pasted on employee form signed across the photo. | |
| 3 | One extra photo clipped to employee form. | |
| 4 | Valid Address Proof (Voter ID, Aadhar, Driving Licence, Electric Bill, Passport, Ration Card). | |
| 5 | Valid PHOTO- ID Proof (PAN Card, Voter ID, Adhaar, Driving Licence, Passport). | |
| 6 | Joining Letter. | |
| 7 | Pre signed resignation letter. | |
| 8 | Bank account information (Bank Name, Bank A/c No, Branch Address, IFSC Code). | |
| 9 | High School Marksheet (For Date of Birth Proof). | |
| 10 | Academic Marksheet. | |
| 11 | KRA | |
| 12 | Company SIM Allotment letter if applicable. | |
| 13 | Company Email Allotment letter if applicable. | |
| 14 | Blank Cheque in case of sales and collection agent. | |
| 15 | For Female candidates - Approval Letter from parents. | |
| 16 | Health and Medical Declaration | |
| | | |

Employment Form

Employer Information

Recent
Passport Size
Photograph
Paste here

Employee Information

PERSONAL INFORMATION

Full Name _____ Middle Name _____ Last Name _____

Local Address _____

Street Address _____

City _____ State _____ PIN Code _____

Permanent Address _____

Street Address _____

City _____ State _____ PIN Code _____

Mobile Phone 1:- _____ Mobile Phone 2:- _____

Home Phone 1:- _____ Home Phone 2:- _____

Email ID (Personal):- _____

PAN Card Number:- _____ Disability:- _____

Identification Mark:- _____ Nationality:- _____

Religion:- _____ Date of Birth:- _____

Marital Status:- _____ Spouse Employer:- _____

Spouse Name:- _____ Spouse Mobile:- _____

EDUCATION INFORMATION

Qualification:

University & City:

Completion Date:

PREVIOUS EMPLOYMENT INFORMATION

Designation:-

Department:-

Supervisor:-

Tenure:-

Company:-

City & State:-

Start Date:-

End Date:-

Reason For Termination:-

Initial Salary:-

Ending Salary:-

References:-

Remark & Note:-

JOB INFORMATION

Designation:-

Department:-

Contract Sign Date:-

Joining Date:-

Initial Salary:-

Hours Per Day:-

References:-

Remark & Note:-

FAMILY INFORMATION

Father Name:-

Middle Name:-

Last Name:-

Occupation:-

Mobile:-

Mother Name:-

Middle Name:-

Last Name:-

Occupation:-

Mobile:-

EMERGENCY INFORMATION

Full Name:-

Street Address

City

State

PIN Code

Mobile Phone:-

Email:-

Relationship:-

ITEM FOR SUBMISSION

Photograph (Passport Size):-

Photograph (Stamp Size):-

Passport Details:-

Identification Proof:-

Voter Card/PAN Card/Driving License/Aadhar Card

| Identification Proof | Identification Number | YES | NO |
|----------------------------|-----------------------|-----|----|
| Voter ID Photocopy | | | |
| PAN Card Photocopy | | | |
| Driving License Photocopy | | | |
| Aadhar Card Photocopy | | | |
| Permanent Address Proof | | | |
| Resume | | | |
| Marksheet | | | |
| Diploma | | | |
| Previous Experience Letter | | | |
| Previous Salary Slip | | | |

Parent/Guardian Consent Form

To be presented to the employer who offers the teenager candidate a job, with a copy of the Certificate of Completion of 18 years of age.

Candidate/Worker Information

Name _____

Address _____

City:- _____ Province _____ Pin Code _____

Telephone _____ Cell Phone _____ DOB _____

Parent/Guardian's Name _____ Telephone Number _____

Parent/Guardian's Mailing Address (if different than above):

Employer Information

Business Name _____

Address _____

City _____ Province _____ Pin Code _____

Telephone _____

Consent

I, _____, confirm that I am the parent/guardian of _____.

This is my written consent

for _____ to be employed by _____.

I certify that the herein stated is true and correct to the best of my knowledge and belief. This consent can be withdrawn at any time without notice.

Declaration

I hereby declare that my daughter/son _____ has been completed 18 years

on dated _____ And as per govt. of India rules is eligible to do job in any

organizations. The proof of the Age has been submitted in form of _____

Date (dd/mm/yyyy): _____ Signature: _____

Printed Name: _____

**Employers must keep this written consent as part of the employment records.
Parents/guardians should also keep a copy within their records.**

References (Local Only)

A

| | |
|----------------------------------|--|
| Name | |
| Address | |
| Contact No | |
| Mail Id | |
| Relation with candidate/Employee | |

B

| | |
|----------------------------------|--|
| Name | |
| Address | |
| Contact No | |
| Mail Id | |
| Relation with candidate/Employee | |

Pre –Employment Health Declaration.

| |
|---------------------|
| Job applied for: |
| Employer:- |
| Department: |
| Workplace Location: |
| Appointing Manager: |
| Job applied for: |

1. Do you suffer, or have you ever suffered from any of the following?

| Symptom | Yes | No | Symptom | Yes | No |
|---|-----|----|--|-----|----|
| Asthma or shortness of breath (Please provide details below) | | | Epilepsy or blackouts (Please list any details overleaf) | | |
| High / low blood pressure | | | Stomach disorders | | |
| Any hearing disability | | | Liver disorders | | |
| Diabetes (insulin dependent) | | | Anaemia | | |
| Hernia | | | Phobia (please specify) | | |
| Heart related problems | | | Drug / alcohol addiction | | |
| Nervous disorders | | | Allergies (please specify) | | |
| Back or disc related problem | | | Mobility problems | | |
| Do you have any visual problems? (please provide details below) | | | Vibration white finger or any HAVs related condition | | |
| Tenisyovitis (joint problems) | | | | | |

| Have you had or do you suffer from any of the following | Yes | No |
|---|-----|----|
| Any physical or mental condition that might affect your ability to do or be made worse by doing the job you have applied for? | | |
| Any physical or mental health condition that might affect your safety or the safety of others at work? | | |
| Any disabilities (as defined by the Equality Act 2010)? | | |
| Do you need any adjustments made to your workplace, workplace equipment or working practices? | | |
| Have you been retired or had your work contract terminated due to ill health? | | |
| Have you ever applied for or been awarded compensation for a workplace injury or illness? | | |
| Any other condition or health problem that the Occupational Health Unit should be made aware of or you want advice about? | | |

1. Do you wear any spectacles or contact lenses? If yes for what reason? (eg short sight, reading)
2. Are you currently taking any medication (prescribed)? Please give the name, mgs and how often you take it: _____
3. Are you registered disabled? **YES/NO**
4. Please give any details of any illness, hospitalisation, etc that may affect your ability to work in the Company.
5. You will be subject to screening for presence of alcohol and / or drugs either for pre-employment or
6. on a random basis. Do you object to this? **YES/NO**
7. Are you currently under any medical surveillance? (eg lead, asbestos, back problems, etc) If so, please
8. Give full details. **YES/NO**

Returning to work

| | |
|---|-----------------|
| Is this form for a return to work, following an absence certificated by a doctor? | YES / NO |
| Have you obtained a certificate from your doctor stating you are fit to return to work? | YES / NO |
| Are there any restrictions to the work you are able to undertake? (please provide details) | YES / NO |

By signing below, you are declaring your fitness to return to work

I declare that all the information provided in this questionnaire is correct. If any of my circumstances change in regard to any of the questions asked on this form, I will immediately inform my contracts manager/supervisor/recruitment consultant and the Human Resources department in the Company.

Full Name _____

Date _____ Signature _____

Employer Information

| |
|--|
| |
|--|

Company Guidelines for company provided SIM Card

Mr/Ms/Mrs _____.

Dear Staff Member!

We are pleased to issue you this SIM Card with Mobile No: _____.
However please note that you will be required to follow the below mentioned guidelines:

1. You shall be allowed to make official calls up to the limit of Rs _____.
Beyond the limit you will be liable to pay the phone bill.
2. This SIM Card Mobile number has been allotted to you for the purpose of official communication only restricted to the level of your designation.
3. Any illegal / unauthorized communication (through Voice or SMS etc) or any illegal / unauthorized activity, made through this SIM shall be solely your responsibility and you shall be solely liable for all or any legal action initiated against this mobile no. _____.
4. In case of resignation / dismissal from the company you shall be responsible to return back the SIM to the company, failing which the balance amount due on the SIM card Mobile No: and a penalty of Rs 200.00 shall be deductible from your final payout.

I _____ hereby declare that I completely agree to follow the guidelines as stated above and will bear and pay off all liabilities as or if applicable in case of any default.

Declaration by

Mr/Ms/Mrs _____

Date _____

Employer Information

| |
|--|
| |
|--|

Company Guidelines for company provided E-mail ID

Mr / Ms/ Mrs _____.

Dear Staff Member!

We are pleased to issue you your company E-mail ID as _____. However please note that you will be required to follow the below mentioned guidelines:

This E-mail ID has been allotted to you for the purpose of official communication only restricted to the level of your designation.

Please note that you will not be allowed to transmit any emails that may contain any fake data, any forged email, any virus or any kind of software or any unauthorized E-mail.

Further please note any illegal / unauthorized communication or any illegal / unauthorized activity, made through this E-mail ID shall be solely your responsibility and you shall be solely liable for all or any legal action initiated against this E-mail ID. _____.

I _____ hereby declare that I have understood the rules / guidelines stated above and I hereby completely agree to follow the guidelines as stated above and will bear and pay off all liabilities as or if applicable in case of any default.

Declaration by

Mr/Ms/Mrs _____

Date _____

Employer Information

A. Petrol Policy.

As per latest decision of Management in Company every employee who is using their two wheeler is eligible for getting petrol allowance as per following:-

- Petrol will be given on kilometer basis.
- Employee two wheeler fuel consumption average should be 45 kilometer/liter.
- Petrol Rates may be vary time to time.
- Petrol expenses/allowances will be calculated on actual current petrol price.
- Petrol expenses/allowance will be only applicable during office hours or for office work only.
- No Petrol allowance will be provided for home to office or for Office to home.
- Employee should maintain the two wheeler meter reading on daily basis (Starting/ending) as per the norms of the Company.
- Petrol may also be fixed for some departments.

Example: - Approx petrol is Rs. 108/liter and average as per company for petrol is 45.

Then $108/45 = 2.4$ rupees/ kilometer.

If current reading is 150 km, then $150*2.4 = Rs.360/-$

B. Maintenance Policy

कंपनी में प्रबंधन के नवीनतम निर्णय अनुसार जो कर्मचारी, अपने दोपहिया वाहन का उपयोग करता है, उसे 0.50 पैसे प्रति लीटर की दर से उसके वाहन का रखरखाव दिया जाएगा:-

जैसे -

| |
|--|
| 150 km Reading $150*0.50 =$ 75/- Total = Rs. |
|--|

1. यह रख-रखाव तिमाही या मासिक भी दिया जा सकता है।
2. घर से ऑफिस या ऑफिस से घर के लिए कोई रखरखाव भत्ता नहीं दिया जाएगा।

⊛ **All the above mention policy can be change/modify/amend/removed without giving any prior notice or information to the employees by the Management.**

सेवा में

श्रीमान (कंपनी प्रबंधक)

श्रीमान जी ,

मैं (_____) विगत (____) साल/ (____) महीनों से (_____) के पद पर कार्य कर रहा / रही हूँ । खेद के साथ आपको सूचित करना पड़ रहा की अपने व्यक्तिगत कारण (_____)

(_____) की वजह से मैं यह नौकरी छोड़ना चाहता / चाहती हूँ । मैं कंपनी नियम अनुसार अगले महीने की (_____) तारीख से कार्यस्थल नहीं आऊंगा / आऊंगी । कृपया इसे मेरा त्याग पत्र जान कर कंपनी नियम अनुसार कटौती के बाद मेरा बकाया अदा नियत समय पर करने की कृपा करें । कृपया आश्वस्त रहें की भविष्य में किसी भी प्रकार की जरूरत पड़ने पर सहायता करने में मुझे अतीव प्रसन्नता होगी ।

सधन्यवाद

To,
Manager

Dear Sir

I (_____) have been working within your organization since the last (_____) years (_____) months on the post of (_____).
With regret I have to inform you that for my personal reasons (_____)

(_____)
I have to quit this job. Please note that I will not be available from (_____) of the next month hereby serving this 1 month notice. This letter be treated as my final resignation and request you to release my balance salary after the deductions on the fixed time as per the company norms. Please be assured that it will be my pleasure to be of any assistance in case you require so in the future.

Thanks and Regards

Key Responsibility Areas

| Sr.No. | KRA |
|--------|-----|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| 21 | |
| 22 | |
| 23 | |
| 24 | |
| 25 | |
| 26 | |
| 27 | |
| 28 | |
| 29 | |

Employee Name _____

Date _____

Signature _____

Admin/Manager _____

Company Credentials Allotment Declaration

| # | Credentials | Allotment Department & Person | Allotment Detail | Remark |
|----|---------------------------------------|-------------------------------|------------------|--|
| 1 | Company Mobile No. | Accounts Department | | To make official voice communication with staff & client. |
| 2 | Email ID | WEB DIVISION | | To make officially mail communication with staff & client. |
| 3 | We Care User Id & password. | WEB DIVISION | | This is complaint CRM To lock Allot & check the status of the complaint |
| 4 | SMS portal User Id & Password | WEB DIVISION | | To send essential required Information to client and Staff |
| 5 | Synnefo User Id & Password | NOC | | To check the details of Airway Broadband & FiberOne Broadband connections. |
| 6 | Tally User Id & Password | Accounts Department | | To use accounting system of the Company. |
| 7 | Sales & CRM User Id & Password | WEB DIVISION | | To lock, Follow & close all types of Sales Inquiry. |
| 8 | TIR Software User Id & Password | WEB DIVISION | | Will Use for Support Team in Airway Broadband & FiberOne Broadband to retrieve the Customer Information. |
| 9 | How to use Email id Outlook/ Webmail. | WEB DIVISION | | This is the use of as decide by the admin. |
| 10 | Assets management System | WEB DIVISION | | Will use to manage the Company's Assets. |
| 11 | Network IP management System | NOC | | To manage the Network Infra Ip of Airway Broadband & FiberOne Broadband. |
| 12 | Reminder System | WEB DIVISION | | To Set the reminder of any Task via Mail or SMS. |
| 13 | Feedback Calling System. | WEB DIVISION | | To know the feedback of old as well as New Customers. |
| 14 | Employees Management System. | WEB DIVISION | | To check the details of the Employee. |

Employee ESIC Enrolment & Information Form
(Employee's State Insurance Corporation)

| | |
|---|---|
| Employer Details With ESI registration No. | |
| Employee Name :- | |
| Gender (Male/Female) | |
| Name of Father/ Husband | |
| Employee Mobile no (Registered With your Aadhar Number) | |
| Other Contact Number | |
| E-Mail ID | |
| Date Of Birth | |
| Marital Status | |
| Present Address | |
| Permanent Address | |
| Employee Nearby ESIC Dispensary & Hospital (Please Tick One) | 1. Birla Nagar, Gwalior 2. DD Nagar, Gwalior 3. Phalika Bazar, Lashkar 4. Jawahar Colony kampoo, Lashkar 5. Murar, Gwalior 6. Gole ka mandir |
| Details of Nominee | |
| Dependent Family Member Name (With date of Birth and relation) | 1. 2. 3. 4. 5. |
| Employee Bank Account Details:- | Bank A/c No:- Bank Name:- Branch name and Address:- IFSC Code:- |

In case of any previous employment please fill up the details below:

| | |
|---|--|
| Previous Employer's Code No.: | |
| Previous Insurance (Employee ESIC No) | |
| Previous Employer Name | |
| Previous Employer Address | State: _____ District: _____ Pin code: _____ |
| Previous Employer Details (Phone/Mobile/Mail) | |

Please Note Following:-

1. Submit your bank account passbook copy with this form.
2. Correctly mentioned mobile number it should be registered/link with our Aadhar number.

DECLARATION

I agreed to deduct _____% from my basic salary as an employee contribution and _____% will be contributed by employer for ESIC. (It can be changed in future as per Government norms)

Name & Sign.

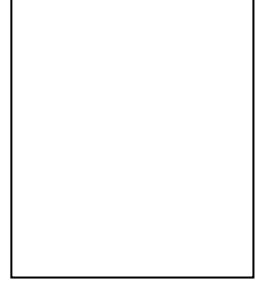
Name & Sign

HR. Executive

Employee

आवश्यक सूचना

दिनांक: _____



PC Care Airway Infratel PVT. LTD. , PC Care Technologies PVT. Ltd. एवं PC Care Infotech Solution के समस्त कर्मचारियों को यह सूचित किया जाता है कि आज दिनांक _____ से (कंपनी नाम) _____ में कर्मचारी नाम _____ ने कार्यभार संभाला है जिनका कार्य डिपार्टमेंट _____ में रहेगा एवं निम्नलिखित जिम्मेदारियां इनको दी गयी है आप सभी लोगो को सूचित हो |

जिम्मेदारियां :-

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

नोट :-

Account Dept.
(Seal & Sign)

Admin
(Seal & Sign)