Date:

From:

To:

Agri Gold Towers Punjagutta Hyderabad.

Dear Sir,

Sub: Joining Report.

This is to bring to your kind notice that I have reported my joining today at 9.30 AM in this office.

Thanking You,

Yours Faithfully,

## JOINING REPORT & EMPLOYEE INFORMATION SHEET

Name	;		
Father's Name	:	· · · · · · · · · · · · · · · · · · ·	
Designation		-	
Address	:		
			th. <sub>pe</sub>
Date of Joining	1		(S)
Signature of Employee	:		

## PERSONAL DATA FORM

RECENT PHOTO

NAME :	
POST APPLIED FOR :	
FOR OFFICE USE ONLY	
TOR OFFICE USE ONLY	
PRELIMINARY INTERVIEW BY	DATE
NameDesignation	n Signature
NameDesignation	
NameDesignation	
Remarks	
FINAL INTERVIEW BY  Name Designation Signature	DECISION  Approved/Not Approved for appointment  Designation Grade
FINAL INTERVIEW BY  Name Designation Signature  Recommended/Not Recommended for Appointment	DECISION  Approved/Not Approved for appointment  Designation Grade
Name Designation Signature  Recommended/Not Recommended for Appointment  As on Salary of RsPM	DECISION  Approved/Not Approved for appointment  Designation Grade
FINAL INTERVIEW BY  Name Designation Signature  Recommended/Not Recommended for Appointment	DECISION  Approved/Not Approved for appointment  Designation Grade  t Salary Location
Name Designation Signature  Recommended/Not Recommended for Appointment  As on Salary of RsPM	DECISION  Approved/Not Approved for appointment  Designation Grade  Salary Location  Appointing Authority
Name Designation Signature  Recommended/Not Recommended for Appointment  As on Salary of RsPM	DECISION  Approved/Not Approved for appointment  Designation Grade  Salary Location  Appointing Authority  Name

FULL NAME							
DATE OF BIRTH		WEIGHT		HEIO	HEIGHT		
POSTAL ADDRESS							
	10						
PERMANENT ADDI	RESS						
CONTACT#							
				8			
FAMILY DETAI	LS						
NAME		AGE / SEX	RELATION		OCCUPATION		
					<u> </u>		
		*			2 *		
		2					
	i i						
EDUCATION QUAL	IFICATION (S	tart with School	l Leaving Certific	ate or Equiv	valent)		
QUALIFICATION	UNIVERSIT	y / Institute	YEAR OF PASSING	% MARKS	MAJOR SUBJECT		
×							
>							
	-		8 >=				

## LAST POSITION HELD

DESIGNATION: _	ORGANIS.	ATION	DOJ
DESIGNATION A	T THE TIME OF JOINING:	No. O	f Employees
		29	
REPORTING TO:	NAME	DESIGNATION	
TOTAL GROSS SA	ALARY PER MONTH		
	a .		
		** (25) 2)	
REFERENCE: NAI	ME & ADDRESS OF ATLEAST	T TWO REFERENCES NO	T RELATED TO YOU
1			
			180
ADDITIONAL	INFORMATION		
> Have You:			
(I)	Physical Disabilities		
(II)	Marital Indebtness		
(III)	Been involved in Court Proces (Give detail on a separate shee		

## EMERGENCY DETAILS

×	Blood Group:						
7	Allergic To:	<u> </u>					
A	Blood Pressure:						
X	Sugar:						
A	Eye Sight: Left:	Right:		9			
1	Any Major Illness:						
		ne:		*			
A	Contact Person in case of Emergency:						
A	Address:						
	* * * * * * * * * * * * * * * * * * *	7/	10		W		
	*		47	89			
A	Phone #:	70		. 10			-