

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 : \_\_\_\_\_

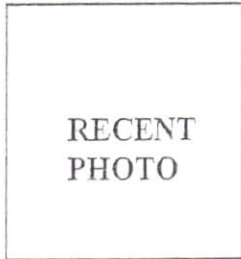
Designation : \_\_\_\_\_

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

Date of Joining : \_\_\_\_\_

Signature of Employee : \_\_\_\_\_

PERSONAL DATA FORM



RECENT  
PHOTO

NAME : \_\_\_\_\_

POST APPLIED FOR : \_\_\_\_\_

**FOR OFFICE USE ONLY**

PRELIMINARY INTERVIEW BY \_\_\_\_\_ DATE \_\_\_\_\_

Name \_\_\_\_\_ Designation \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Designation \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Designation \_\_\_\_\_ Signature \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINAL INTERVIEW BY**

**DECISION**

Name            Designation            Signature

Recommended/Not Recommended for Appointment

As \_\_\_\_\_ on Salary of Rs. \_\_\_\_\_ PM

Date \_\_\_\_\_ Signature \_\_\_\_\_

Approved/Not Approved for appointment

Designation \_\_\_\_\_ Grade \_\_\_\_\_

Salary \_\_\_\_\_ Location \_\_\_\_\_

Appointing Authority

Name \_\_\_\_\_

Designation \_\_\_\_\_



**LAST POSITION HELD**

DESIGNATION: \_\_\_\_\_ ORGANISATION \_\_\_\_\_ DOJ \_\_\_\_\_

DESIGNATION AT THE TIME OF JOINING: \_\_\_\_\_ No. Of Employees \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

REPORTING TO: NAME \_\_\_\_\_ DESIGNATION \_\_\_\_\_

TOTAL GROSS SALARY PER MONTH \_\_\_\_\_

REFERENCE: NAME & ADDRESS OF ATLEAST TWO REFERENCES NOT RELATED TO YOU

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

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

**ADDITIONAL INFORMATION**

➤ Have You:

(I) Physical Disabilities \_\_\_\_\_

(II) Marital Indebtness \_\_\_\_\_

(III) Been involved in Court Proceeding \_\_\_\_\_  
(Give detail on a separate sheet of paper if answer is yes)

## EMERGENCY DETAILS

- Blood Group: \_\_\_\_\_
- Allergic To: \_\_\_\_\_
- Blood Pressure: \_\_\_\_\_
- Sugar: \_\_\_\_\_
- Eye Sight:      Left: \_\_\_\_\_      Right: \_\_\_\_\_
- Any Major Illness:  
\_\_\_\_\_  
\_\_\_\_\_
- Contact Person in case of Emergency: \_\_\_\_\_
- Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Phone #: \_\_\_\_\_