

# SMIDI FERTILIZER

Employee Enrollment Form



Form No: ..... Date: .....

**Please fill all fields clearly in CAPITAL LETTERS. All fields are mandatory.**

## PERSONAL & IDENTIFICATION DETAILS

Full Name (As per government ID)

.....

Date of Birth (DD/MM/YYYY) .....

Aadhaar Number (12-digit number)

.....

PAN Number (e.g. ABCDE1234F)

.....

Contact Number (+91 XXXXXXXXXX)

.....

Email Address (example@email.com)

.....

Permanent Address (House No., Street, City, State, PIN)

.....  
.....  
.....

Blood Group .....

Emergency Contact Name

.....

Emergency Contact No.

.....

## PREVIOUS ORGANISATION DETAILS

Company Name .....

Designation Held .....

Organisation Contact Number (+91 / STD code)

.....

HR / Manager Email (hr@company.com)

.....

Period of Employment (From) DD/MM/YYYY

.....

Period of Employment (To) DD/MM/YYYY

.....

Last Drawn CTC / Salary (₹ per annum)

.....

Reason for Leaving .....

## CURRENT EMPLOYMENT DETAILS

Proposed Designation ..... Department .....

Date of Joining (DD/MM/YYYY) ..... Reporting Manager .....

Work Location .....

## BANK DETAILS (FOR SALARY CREDIT)

Bank Name ..... Branch Name .....

Account Number ..... IFSC Code .....

## DECLARATION

I hereby declare that all the information provided above, including my Aadhaar, PAN, and previous employment history, is true to the best of my knowledge and belief. I understand that any false information may lead to the cancellation of my enrollment or termination of services.

Employee Signature ..... Date .....