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# Company Employee Information Form

## Personal Details

- **Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_
- **Gender:** ☐ Male ☐ Female ☐ Other
- **Contact Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Residential Address:** \_\_\_\_\_
  - City: \_\_\_\_\_
  - State/Province: \_\_\_\_\_
  - Postal Code: \_\_\_\_\_
  - Country: \_\_\_\_\_

## Employment Details

- **Job Title:** \_\_\_\_\_
- **Department:** \_\_\_\_\_
- **Employee ID:** \_\_\_\_\_
- **Date of Joining:** \_\_\_\_\_
- **Supervisor's Name:** \_\_\_\_\_

## Work Authorization

- **Work Permit/Visa (if applicable):** ☐ Yes ☐ No
  - Permit/Visa Type: \_\_\_\_\_
  - Expiry Date: \_\_\_\_\_

## Banking Details

- **Bank Name:** \_\_\_\_\_
- **Account Number:** \_\_\_\_\_
- **IFSC Code:** \_\_\_\_\_

## Declaration

I affirm that the information provided is correct and agree to abide by the company's policies.

- **Employee Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_