

PEJKS MANAGEMENT SERVICES PVT. LTD.
EMPLOYEE INFORMATION FORM

Name of Employee				PASSPORT SIZE COLOUR PHOTO
Appointment Letter No. & Date (Attached Copy)				
EPF NO.		UAN NO		
ESI IP NO.				
Gender				
Father's /Husband Name				
Date of Birth				
Marital Status				
Name of Nominee				
Relation with Nominee				
Nominee Dob				
Name of Bank				
Bank IFSC Code		Bank A/C No		
PAN No		ADHAR No		
Date of Joining		Designation		
Department Name				
Mobile No.				
E-Mail ID				
Present Address				
Permanent Address				
Educational/Technical qualification	Year	University/College	Marks	

Signature of candidate

ESIC FORM

ESIC No. (If already have)					
Name:					
Date of Birth (dd/mm/yyyy):					
Father's/Husband's Name:					
Gender (Male/Female):					
Marital Status (Married/Unmarried):					
Date of Joining in Department:					
Dispensary Allotted					
Aadhar No					
Present Address:					
Permanent Address:					
Contact Number:					
Nearest Dispensary Address:					
Details of Nominee:					
Name:		Relationship:	ADHAR NO	Address:	
DETAILS OF DEPENDENTS:					
Sl.	Name	Date of Birth	Relationship	Aadhar No.	(Photograph of insured person along with dependents as mentioned in list)

(Signature of Employee)