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Contractual/Regular Employee Form

First Name*: _____ Last Name*: _____

Father Full Name: * _____ Mother Maiden Name: _____

Start Date: ____/____/____ Position Title: _____

Qualification*: _____

Computer Knowledge* _____

Gender*: (circle one) M / F Date of Birth*: ____/____/____

Permanent* Address* _____

Address: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile*: _____

Email Address*: _____

Height*: _____ Weight*: _____

Eye Sight*: _____ Blood Group* _____

Waist _____ Chest/Bust _____ Shoes Size: _____

Vehicle Registration No. (if any) _____ Type Of Vehicle _____

Passport No: _____ Passport Expiry Date: _____

Bank A/c No: _____ IFSC code: _____

Bank Name: _____ Branch Name: _____

Identification Mark: _____

Marital Status: _____ Name Of Spouse _____

Contact no of spouse: _____ Occupation of Spouse _____

Address of Spouse _____

Photo*

Employee Tax File:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Are you an Indian citizen? Y / N

If no,

- Are you a permanent resident? Y / N
- Do you have a Working Visa? Expiry date: _____ / _____ / _____
- Any restrictions? _____

Reference: _____

Relationship: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____ Work: _____

Employee Signature: _____ Date: ____/____/____

Manager's Signature: _____ Date: ____/____/____

Note: Please read the Guidelines sent by Department before filling the form, in CAPITAL LETTERS in black ball point pen only.

Please avoid Short Forms and Abbreviations

Attach ID Proof

Attach Address Proof

Paste photo

Academic document

Just Yatra will only use this information for ensuring its staff gets proper benefit.

Office Use Only

Employee:

Status:

- Full time
- Part time
- Casual

Pay rate:

- Annual _____
- Monthly _____
- Hourly rate _____

Duration Of the contract :

*mandatory