

Onboarding Form

General Form

Employee Details:

Employee Name: Maria Rafique Employee ID: _____
Department: Operations Designation: AR / specialist
Joining Date: March 4th, 2024 Trainer: _____

Emergency Contact Information:

In case of emergency, please mention Name/Address/Phone Number of the contact persons:

Primary Contact Person Details:

Name of the Primary Contact Person: Kashif Rafique
Address of the Primary Contact Person: Bagh Azad Kashmir
Mobile # of Primary Contact Person: 0343-5261701
Relationship with Primary Contact: Brother

Secondary Contact Person Details:

Name of the Secondary Contact Person: Abdul Qudoos Awan
Address of the Secondary Contact Person: Lasani Girls hotel near Dubai Islamic bank Rehmanadd
Mobile # of Secondary Contact Person: 0300-8320077
Relationship with Secondary Contact: Hostel Owner

UNDERTAKING

AFFIRMATION: I SOLEMNLY AFFIRM THAT THE INFORMATION GIVEN BY MY GOODSELF IN MY CURRICULUM (CV) IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. ANY WRONG INFORMATION CAN RENDER ME LIABLE TO TERMINATION OF THE JOB. IF ANY INFORMATION IS CONTRARY TO THE ABOVE AND IS FOUND OUT LATER DURING MY SERVICE, I MAY BE DISMISSED FROM THE JOB.

NAME: Maria Rafique

SIGNATURE: Maria

DATE: March 4th, 2024

THUMB IMPRESSION: _____