

## Onboarding Form

Sales Department

### Employee Details:

Employee Name: MUHAMMAD ALI RAFI Employee ID: ADD-1844  
 Department: \_\_\_\_\_ Designation: BDE  
 Joining Date: 18-03-24 Trainer: \_\_\_\_\_

### Terms and Conditions of Training:

1. Training will be provided on the Night Shift from 08:00 p.m.- to 05:00 am.
2. You will get (5) working days of Training i.e. 1st week of Theoretical and Practical Training.
3. You will be assessed during the training on a daily basis and on any negligence from your end; management reserves the right to take necessary action, which may include termination of the training period without any notice. You will not be paid if you are terminated during the training period.
4. You must pass all assessments during the training period to be eligible for employment. For any reason, if you fail the assessments then your journey stops and you will not be considered for this position nor will you get paid.
5. Uninformed absenteeism or non-serious/ unprofessional attitude during training will not be tolerated.
6. You must attend all 5 days of training, any absence during the training will result in disqualification.
7. Upon successful clearance of training, payment for your training days will be added to the running payroll.
8. in case of selection and later leaving the job, you will be eligible for incentive of one preceding month only.

### Trainee Acknowledgement

I am pleased to confirm that I have read understood the training guidelines and I agree to all the terms and conditions I have joined the training with effect from 18-03-24 as BDE in GSS SALES Department.

DANISH RASHEED.

Trainee Name

Signature

Training Department

Head of Human Resources

**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: SADIA ALI RAFI

Address of the Primary Contact Person: B-24, BLOCK-12, GULLISTAN-E-JAUHAR.

Mobile # of Primary Contact Person: 0336-8277543

Relationship with Primary Contact: WIFE

**Secondary Contact Person Details:**

Name of the Secondary Contact Person: \_\_\_\_\_

Address of the Secondary Contact Person: \_\_\_\_\_

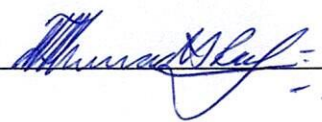
Mobile # of Secondary Contact Person: \_\_\_\_\_

Relationship with Secondary Contact: \_\_\_\_\_

**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: MUHAMMAD ALI RAFI

SIGNATURE: 

DATE: 18/03/24.

THUMB IMPRESSION: \_\_\_\_\_

## Employee Onboarding Check List

Employee Name: M. ALI RAFI

Employee ID: \_\_\_\_\_

Designation: BDE

Department: G5B SALES.

Date of Joining: 18/03/24

Contact No: 0336-3478898.

Pre- Arrival Steps				
S.No	Step Description	Yes	No	Notes
1.	HR Interview (Telephonic)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	HR 2 <sup>nd</sup> Interview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.	Hiring Manager Interview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.	Education (Min Requirement)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.	Experience Letter	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Last Salary withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	BANK ACCOUNT DORMANT.
7.	Vaccinated Against Covid 19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Documentation				
S.No	Step Description	Yes	No	Notes
1.	2 CNIC (Nadra)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2.	2 Photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.	Resignation Acceptance	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Experience Letter	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Education Documents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6.	Pay slips (If any)	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Other	<input type="checkbox"/>	<input type="checkbox"/>	

Onboarding				
		Yes	No	Notes
1.	Orientation	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Credentials	<input type="checkbox"/>	<input type="checkbox"/>	