

## Onboarding Form

Sales Department

### Employee Details:

Employee Name: Zain ul Abedin Malik Employee ID: APP 1847  
Department: G.S.B Sales Designation: B.D.E  
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<sup>th</sup> March 2024 as B.D.E in G.S.B Sales Department.

Zain ul Abedin Malik  
Trainee Name

[Signature]  
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: Shahid Malik

Address of the Primary Contact Person: House no 99B, Feroz Nana Road, Bachislaw, Chifton

Mobile # of Primary Contact Person: 0321-8224554

Relationship with Primary Contact: Father

**Secondary Contact Person Details:**

Name of the Secondary Contact Person: Abbas Malik

Address of the Secondary Contact Person: Same As Above


Mobile # of Secondary Contact Person: 0321-2119454

Relationship with Secondary Contact: Brother

**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: Zain Ul Abedin Malik

SIGNATURE: 

DATE: 18/03/24

THUMB IMPRESSION: 

## Employee Onboarding Check List

Employee Name: Zain ul Abedin Malik Employee ID: APP-1847  
 Designation: ISDE Department: CSB Sales  
 Date of Joining: 18/03/24 Contact No: 0321-2548764

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 type="checkbox"/>	<input type="checkbox"/>	
5.	Experience Letter	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Last Salary withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Vaccinated Against Covid 19	<input 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 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 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"/>	