

## Onboarding Form

### General Form

#### Employee Details:

Employee Name: CH KASHIF RAHMAN Employee ID: APD -1849  
Department: Audit Designation: Audit Executive  
Joining Date: 18<sup>TH</sup> MARCH, 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: CH ASIF RAHMAN  
Address of the Primary Contact Person: A-67 PIA HOUSING SOCIETY GULSHAN-E-JAUHAR KARACHI,  
Mobile # of Primary Contact Person: 0300 9251316  
Relationship with Primary Contact: BROTHER

##### Secondary Contact Person Details:

Name of the Secondary Contact Person: CH WASIE RAHMAN  
Address of the Secondary Contact Person: A-67 PIA HOUSING SOCIETY GULSHAN-E-JAUHAR KARACHI  
Mobile # of Secondary Contact Person: 0300 9251612  
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: CH KASHIF RAHMANISIGNATURE: DATE: 18<sup>TH</sup> March, 2024THUMB IMPRESSION: 

## Employee Onboarding Check List

Employee Name: CH KASHIE RAHMAN  
Designation: Audit Executive

Employee ID: ADD-1849  
Department: AUDIT

Date of Joining: 18TH MARCH, 2024

Contact No: 0335-0217783

| 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |       |
| 3.            | Resignation Acceptance | <input type="checkbox"/>            | <input type="checkbox"/> |       |
| 4.            | Experience Letter      | <input checked="" 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"/> |       |