Request for Documents | Enterprise Touch (A Netlink Company) ⭑ ◗ Inbox

Irene Elizabeth Alex 4 Dec
to me, Parameswari, Kalai... ⌄

Hi Aishwarya,

Greetings from Enterprise Touch (A Netlink Company)!

We are happy to inform you that your profile is taken in for further processing. We would like to start off with the initial formalities by collecting the supporting & relevant documents from your end.

This is not a confirmation on your offer or position here in Enterprise Touch but only a process before selection.

Please note:

1. Download the KYC excel sheet from the attachments, fill it up and send it back to us at the earliest.
(Note - fill all the sheets in the KYC

Sl.No	Category	
1	General	Name as in **Aadhar Card**
2		Aadhar Number
3		Date of Birth
4		Gender
5		Blood Group
6		Marital Status
7	Personal Contact Details	Email ID
8		Phone (Mobile)
9		Phone (Alternate No)
10		Phone (Residence / Land Line)
11	Present Address	Line 1
		Line 2
		Line 3
12	Permanent Address	Line 1
		Line 2
		Line 3
13	Emergency Contact Details	Name as in **Aadhar Card**
14		Aadhar Number
15		Relationship with Employee
16		Phone (Mobile)
17		Phone (Alternate No)
18		Phone (Residence / Land Line)
19	Passport	Name as in **Passport**
20		Passport Number
21		Passport Expiry Date
22	PAN	Name as in PAN
23		PAN Number
24	Bank	Name as in **Bank Records**
25		A/C Number
26		Bank Name
27		Bank Branch

28	IFSC Code

PERSONAL DETAILS
Details Required

Instructions / Remarks
Should be in **DD-MMM-YYYY** Format Only, As in **Aadhar Card**
Male / Female
Married / Unmarried / Divorced / Widow / Widower
This will be used for all future communicatons from Enterprise Touch
This will be used for all future communicatons from Enterprise Touch
This will be used for all future communicatons from Enterprise Touch
For Official Records
Name as in **Passport**
Should be in **DD-MMM-YYYY** Format Only
Salary will be credited in this Account (First Month / Regular based on Type of Employment) and will be used for all statutory purposes

Sl.No	Relationship	
1	Father	Name as in **Aadhar Card**
		Date of Birth
		Aadhar Number
2	Mother	Name as in **Aadhar Card**
		Date of Birth
		Aadhar Number
3	Spouse	Name as in **Aadhar Card**
		Gender
		Date of Birth
		Aadhar Number
4	Child 1	Name as in **Aadhar Card**
		Gender
		Date of Birth
		Aadhar Number
5	Child 2	Name as in **Aadhar Card**
		Gender
		Date of Birth
		Aadhar Number
6	Father In Law	Name as in **Aadhar Card**
		Date of Birth
		Aadhar Number
7	Mother In Law	Name as in **Aadhar Card**
		Date of Birth
		Aadhar Number

FAMILY DETAILS
Details Required

Instructions / Remarks
Should be in **DD-MMM-YYYY** Format Only, As in **Aadhar Card**
Should be in **DD-MMM-YYYY** Format Only, As in **Aadhar Card**
Male / Female
Should be in **DD-MMM-YYYY** Format Only, As in **Aadhar Card**
Male / Female
Should be in **DD-MMM-YYYY** Format Only, As in **Aadhar Card**
If Available
Male / Female
Should be in **DD-MMM-YYYY** Format Only, As in **Aadhar Card**
If Available
Should be in **DD-MMM-YYYY** Format Only, As in **Aadhar Card**
Should be in **DD-MMM-YYYY** Format Only, As in **Aadhar Card**

Shall be filled by Female Candidates for Group Medical Claim

SI.No	Course	Specilization	Institute	Board / University

ACADEMIC DETAILS (Start from t

he Highest / Latest Qualification)		
Start Date (DD-MMM-YYYY)	**End Date (DD-MMM-YYYY)**	**Percentage / CGPA**

Sl.No	Organization	Designation	Employment Period (DD-MMM-YYYY)		Compensatio	
			Start Date	End Date	Monthly Gross	Fixed Annual CTC

EMPLOYMENT DE

			:TAILS (Start from the Present / Latest Employment)				
on (Only in Numbers)			**Reporting Authority**				
Annual Variable Pay	**Total Annual CTC**	**Name**	**Designation**	**Phone**	**Email**	**Name**

HR		
Designation	Phone	Email

Statutory Details (Previo		
First Time Employment?: Yes / No		
Do you wish to enroll for PF ?: Yes / No		
Previous / Last Employer:		

Sl.No	Statutory Item	Deatils Required	
1	PF	UAN	
2		PF A/C Number	
3	ESI	Insurance Number	

us / Last Employer)

Instruction / Remarks
If applicable/available (previous employer / active UAN)
If applicable/available (previous employer)
If applicable/available (previous employer / active Insurance Number)