SWARAJYA PRIVILEGE PRIVATE LIMITED

CIN: U78300MH2023PTC406473

Corporate Office: PLOT NO. 29 "A", S.NO. 47/2, BALAJI NAGAR, KATHORA ROAD, PO-VMV, AMRAVATI 444604 (MAHARASHTRA STATE) Email: swarajyagroup2023@gmail.com Mobile. 8080069289, 9022214889

Registration Fees Rs. 1000/- Only (Non-Refundable)

Employee Registration Form

Note: Please write your name in CAPITAL letters only

Colour Photo

Personal Information

Full Name----------

Date of Birth---------- Age---------- Gender---------- Blood Group----------

Educational Qualification----------Marital Status ----------

Other Qualification----------

Permanent Address----------

Nominee Name & Relation----------Pin Code----------

Home Phone---------- Mobile No. ----------Email----------

Aadhar Card No. ----------PAN No. . ----------

Bank Name ---------- Branch Address ----------

Account No. ----------IFSC Code ----------UAN ----------

Educational Qualification

ESIC No. ----------

Sr. No.	Class	Board / University	Year of Passing	Marks obtain in %
1.	10th			
2.	12th			
3.	B.Sc/B.A./B.Com/BSW			
4.	Engg. Diploma			
5.	Engg. Graduate			
6.	MSW			
7.	Post Graduate			
8.	**Other Qualification (Driving, Typing, Vocational Course etc.)**			

Experience in related field ----------

Date: ----------

Signature

For Office Use Only

Membership No. ---------- Period of Membership ----------to----------

Certificate No. ---------- Issue Date ---------- Receipt No. & Date ----------

Amount Paid ---------- (In Words) ----------

Remark----------

Date: ----------

Director/CEO/Manager
Swarajya Privilege Private Limited

Swarajya
TM
GROUP