

**COLLEAGUES CONSULTANTS PRIVATE LIMITED**

A-Wing, 1st Floor, A55/12, DLF Phase -1, Gurgaon -122002  
Haryana (India)

**JOINING REPORT****Joining Details**

<i>Joining Date</i>	<i>Joining Location</i>

**Personal Details**

Name of the Employee: - Mr. / Ms. / Mrs.

Date of Birth: - ; Age: - Years Months;

Height: - feet inch; Weight: - kg

Qualification: -

Total Experience: - Years Months;

Mobile No. (if any)

Father's/ Guardian Name:-

Present/ Permanent Address:-

Joined as: -

Medical Fitness (Please mention if suffering from any type of ailment) –

Blood Group - ; Allergic to -

**Joining in Department (To be filled by HR Official)**

<i>Department</i>	<i>Initials</i>	<i>Location</i>	<i>Designation</i>	<i>Reporting to</i>

**Items Given at the time of Joining (To be filled by HR Official)**

<i>Items</i>	<i>Yes/ no</i>	<i>Remark</i>
Laptop + Mouse		
Mobile		
Safety Shoes		
Helmet + Safety Goggles		

**Employee Placement (To be filled by HR Official)**

Employee Code	
E-mail ID	

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**Stationary Items Given (To be filled by HR Official)**

<i>Stationary Items</i>	<i>Quantity</i>	<i>Remark</i>
Calculator		
Rough Pad		
Pen + Coloured Pens + Clutch Pencil		
Stapler + Punching Machine		
Company Diary		

**Appointment Basis (To be filled by HR Official)**

<i>Regular/ Contractual</i>	<i>Leave per annum</i>			<i>EL</i>	<i>Travel Entitlement</i>	
	<i>CL</i>	<i>SL</i>	<i>PL</i>		<i>Foreign</i>	<i>Domestic</i>
	7	8	12	-	By Air	By Air/2nd AC/3rd AC/ Sleeper

**Joining Acceptance**

I hear by declare that - I have read all the details given above and also I have discussed all the terms and condition of my appointment to this company. I agree and promise to abide by all the rules, regulation & policy of the company. I will contribute my best in all circumstances to prove my worth and leave no stone unturned to make this company famous and successful.

I am also submitting all the true copies of my certificates and all credentials. If any further document shall be required, I will submit the same by earliest.

In case of any emergency, please inform to-

Mr./ Ms./ Mrs.

Relation with me -

Phone (Mobile) -

(Land Line) -

Address -

Signature -	Name -
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**Joining Supervised (To be filled by HR Official)**

I hear by declare that joining formalities are completed for

Mr./ Ms. / Mrs.

with complete satisfaction of the

undersigned. I see a good association of the person with us.

Signature -	Name -
Designation	Department