



REGD. OFFICE: SHOP NO. 2 TYOD
SAMBHAR LAKE, PHULERA
JAIPUR RAJASTHAN – 303604
www.alfastarindia.in

EMPLOYEE REGISTRATION FORM

Branch.....

Code.....

Application No.....

Membership No.....

Employee Code.....

Paste Your Photo

To,

The Director,
Alfastar India Nidhi Limited

Sir,

I, Shri/Smt./Miss.....

Obtained to be member in “ALFASTAR INDIA NIDHI LIMITED” and my detailed particulars are as follows.

PERSONAL INFORMATION

Name of Applicant:.....

Father/ Husband Name:.....

Present Address:.....

City..... District..... State..... Pin Code.....

Parmanent Address:.....

City..... District..... State..... Pin Code.....

Sex..... Cast..... Religion..... Nationality..... Marital Status.....

*Date Of Birth Age *Email :-*Mobile No. *Pan Card STD

*Details of Id Proof : (PAN Card/Passport/Voter ID/Aadhaar Card/Licence /Other).....

*ID Proof Number Address Proof Number

*Education Qualification

Sr.No.	Board/University	Passing Year	Stream/Subject	Division
1				
2				
3				
4				

Experience: Yes/No If yes, Please Details

Organization Name..... Organization Type

Class of Organization..... Head Office..... Post.....

Join Date..... Current Work/ End Date..... Total Year.....

MODE OF OPERATION

Self Only Full Time/Part Time..... Any Other..... Full Time/Part Time.....

If Any Other, Please Details

Name Son/wife/dauther/of.....

Address.....

.....

Relation Of Employee..... Period to Appointment Expiry/...../.....(Office Use Only)

(All Term and Condition are reserved for mode of operation related.)

DECLARATION

I hereby that I voluntarily opted for a employee in **ALFASTAR INDIA NIDHI LIMITED** and a shall abide by the existing rules and regulations of the company and also the amendments as may taken place form time to time.

Place:.....

Date:.....

Employee Signature

Note: All read term and condition for employment before participate ALFASTAR INDIA NIDHI LIMITED

NOMINATION FORM

I..... hereby appoint the following person as nominee in respect of Employee Benefit A/c.

Nature And No of A/c	Nominee's Name	Relationship with Applicant	Age	If nominee's minor, DOB

As the nominee is a minor on this date, I am appoint Mr./Mrs./Miss/Dr..... Age

Resident of as his/ her guardian.

Signature/Thumb Impression Of Employee.....

Witness.

Name..... Signature.....

Address.....Date.....

DECLARATION BY EMPLOYEE

I declaration no any organization with current work and any position. If I Join any department so details below.

Organization NameOrganization Address.....

Organization Type.....

Verify Officer

Name :

Code :

Signature with Seal

AFFIDAVIT

(To be filled by those applicant who do 50/- INR Stamp with Notary have this Normal Terms.)

To,

The Managing Director
ALFASTAR INDIA NIDHI LIMITED
HO TYOD

I complete follow term and condition are bellow

1. I follow rules and regulations of ALFASTAR INDIA NIDHI LIMITED time to time.
2. I follow business and account regards term and new account will be given for the two month in one account or one year 08 accounts open of the members are mandatory because incentive holds next 12 months and after deactivate.
3. All member collection deposits on time and carefully delivered deposit receipt and bonds of the members.
4. Not objection when company seniors are call from confirmation of the member that deposits in account on time or regular active and if not the same will be responsible urgent basis deposit on member accounts or active. If not possible fulfill this criteria for long time, subject will be legal action on you.
5. Such of records of members when advance amount will be notify branch manager of any emergency case because account matured but not paid remaining installment or complete deposits in members accounts via online/cash of any mode with if any late fine.
6. Such of knowledge for TDS deduction time to time when across incentive 20000/- INR Annually will be subject accepted.
7. Such of detail for member KYC documents fulfill and complete account form filled by me and signature original by the member or proceed to submit form, branch manager and executive.
8. Not objection, personally check your CIBIL Score and credit financial condition that any doubt of loan defaults.
9. If select increment of employments, bonus, salary update when your track records good from this company.
10. Self-renewal deposits option take by you will be subject fulfill criteria from IT communication and knowledge this area or additional agreement IT or software, IP, Server to application regards after allotment User ID and Password. This facility allowed only HO department.
11. If you are irregular employments/part time select your work will be not allowed down line employee create of your under. (fulfill term condition)
12. If you are full time employee or salaried, will be additional agreement your job sheet for employments via salary, bonus, allowance, incentive, Job Bond time and promotion of upper rank and DE promotion rank or work area.
13. You are select mode of operation by other person of your work will be update additional member details for work yours. Such Bank details, present work and qualifications etc.
14. Wish You! Always better placement on our Organization and keep maintained your experience.

Signature of Employee

Date: / /