



Registration Form

Paste your photo here

Professional ID (Office Use Only)

Employee ID (Office Use Only)

1. Personal Information (write clearly with black/blue pen and with capital letter)

Date: DD / MM / YYYY

Name

Phone WhatsApp Number

Gender: Male Female Marital Status: Single Double D.O.B

Email Religion

Father /Mother Name

Permanent Address

Current Address

2. Medical Information (Please give us your all medical details as per your knowledge)

a) Blood Group

b) Taking any medications, currently?

	Yes	No	
• High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	If yes, give details (if not have sufficient space, please write others blank page and attached with this form)
• High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
• Asthma or Chronic Lung Disease	<input type="checkbox"/>	<input type="checkbox"/>	
• Arthritis, Gout or Joint Injuries	<input type="checkbox"/>	<input type="checkbox"/>	
• Heart Attack/Heart Disease/Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	
• Are you take any nerve medicine	<input type="checkbox"/>	<input type="checkbox"/>	
• Have any allergy	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

c) In case of emergency:

Emergency Contact:

Relation Contact Number

Living Area/Town

d) Have any your personal doctor:

Doctor Name:

Contact Number

Living Area/Town

Phone: 03225-297-063

Email ID: info@sanchars.com
website: www.sanchars.com

Address:
Jhakra, Chandrakona, Paschim
Medinipur, West Bengal

3. Academic & Technical Details (Please give us your all details as per your knowledge)

a) Academic Details

	Graduate	H.S.	M.P.	Year of completion	Board / University Name
Highest Qualification	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

b) Technical Details

Technical Qualification	Course Name		University Name
<input type="text"/>	<input type="text"/>		<input type="text"/>
Technical Qualification	Year of completion	Duration	Institute Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Professional Details (Please describe your details)

a) Write your professional trade

b) Write your trade details, which you expert

c) Experience Details

- How Many Years/Months Experience you have

Years	Months
<input type="text"/>	<input type="text"/>
- Do you have a team? (If yes, Please give the details of team)

Yes/No	Total trength	Skilled	Semi skilled	Unskilled
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Which area you want to served your service
- Which time you will preferred for your service (Mentioned the details with Day and time)

S	M	T	W	T	F	S	Time from	Time To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Write your price structure in details which you want to give service. (This is for reference not actual. Price will be increase or decrease when you get order or booking)

[N.B. - If you have your service price structure, please a copy attached with this form, Please tick mark if you attached]

6. Safety and Security

	Yes	No	If yes, give details (if not have sufficient space, please write others blank page and attached with this form)
a) Have you committed a criminal offense?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Have you arrested in the past?	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Do you have any criminal cases under your name?	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Are you involved in political affairs?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant Declaration

I,....., son of hereby declare that: All information provided in this application form is accurate, truthful, and complete to the best of my knowledge and belief. I understand that any false or misleading information, or the omission of any relevant information, may result in the rejection of my application or termination of my employment/contract if discovered at a later date. I consent to the verification of the information provided in this application, including conducting a background check, contacting my references, and obtaining relevant records. I understand that this application and all supporting documents become the property of SANCHARS and will not be returned. I agree to comply with all rules, regulations, and policies of SANCHARS if my application is successful and I am offered employment/a contract. I understand that the completion of this application does not guarantee employment/a contract and that SANCHARS reserves the right to make decisions in its best interest. I agree to notify SANCHARS promptly of any changes to the information provided in this application. By signing below, I acknowledge that I have read, understood, and agree to the above statements.

Date:_____ Full Name:_____ Applicant's Signature:_____