



PAYROLL INCLUSION FORM

Name: _____ Designation: _____

- | | |
|------------------------------------|--------------------------|
| 1. Copies of Educational Documents | <input type="checkbox"/> |
| Matric | <input type="checkbox"/> |
| Intermediate | <input type="checkbox"/> |
| Bachelors (B.A. / B.Sc. / BS) | <input type="checkbox"/> |
| Masters (M.A. / M.Sc.) | <input type="checkbox"/> |
| M.Phil. / MS | <input type="checkbox"/> |
| Ph.D | <input type="checkbox"/> |
| 2. Experience Certificate(s) | <input type="checkbox"/> |
| 3. Copy of NIC | <input type="checkbox"/> |
| 4. 2 Passport Size Photographs | <input type="checkbox"/> |
| 5. Employee Agreement | <input type="checkbox"/> |
| 6. Appointment Order | <input type="checkbox"/> |
| 7. Joining Report | <input type="checkbox"/> |

Original Documents Submission:

Applicable Not Applicable

If applicable, title of submitted documents

1. _____
2. _____
3. _____

Admin Officer

Executive Director

FOR OFFICE USE ONLY

- | | |
|-------------------|--------------------------|
| Profile Created | <input type="checkbox"/> |
| Payroll Created | <input type="checkbox"/> |
| Documents Scanned | <input type="checkbox"/> |

