INTERN JOINING FORM

PERSONAL DETAILS			
Name:			PHOTOGRAPH
Designation:			
Father's Name:			
Correspondence Address:			
Permanent Address:			
Telephone:	Mobile:	Email ID:	
Date of Birth:		Marital Status:	
Pan Card No:		Blood Group:	
Emergency Contact Details			
Name:	Relation:	Contact No:	

EDUCATIONAL DETAILS					
Degree	University/ Institute	From	To	Percentage/ Grade	Specialization

PREVIOUS INTERNSHIP DETAILS (IF ANY)

S. No.	Organization	Internship Details	Period of Internship		Stipend
			From	To	
1					
2					
3					

FAMILY DETAILS

S. No.	Name	Relation	Occupation	Date of Birth
1				
2				
3				
4				
5				

PROFESSIONAL REFERENCES (IF ANY)

Name:	**Name:**
Organization:	**Organization:**
Designation:	**Designation:**
Contact No:	**Contact No:**

DECLARATION

I hereby declare that the above statements made in my application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect at any stage, my services are liable to be terminated without notice.

Date: _____

Place:_____

Signature

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FRESH CARTONS

INTERN INDUCTION DECLARATION FORM

I, ..., hereby declare that I have undergone the induction process conducted by Rozana Rural Commerce Private Limited. I acknowledge that during the induction, I have been provided with comprehensive information regarding the company's policies, procedures, and expectations.

I affirm my commitment to abide by all the policies, guidelines, and standards set forth by the company. I understand that compliance with these policies is essential for maintaining a productive, safe, and respectful work environment.

Furthermore, I acknowledge that I have been given the opportunity to seek clarification on any aspects of the company policies or procedures that I may not fully understand. I understand that it is my responsibility to adhere to these policies and seek guidance whenever necessary.

By signing below, I confirm that I have read, understood, and agree to comply with all the company's policies and procedures as outlined during the induction process.

NAME & SIGNATURE:_____

DATE: _____

Rozana Rural Commerce Private Limited,
No. 14, First Floor, Community Centre, East of Kailash, New Delhi 110065,
www.rozana.in, Ph: +91 8130921110

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Declaration Of Conflict of Interest

I understand that it is my obligation to make this declaration of all conflicts and potential conflicts of Interest to Rozana Rural Commerce Pvt Ltd. I wish to disclose a current or possible conflict of interest related to my responsibilities with the operations of Rozana Rural Commerce Pvt. Ltd. The details are as follows:

1. Name of the party/ Individual with whom I may have a direct or indirect potential relationship:

   _____

2. Details of My Relationship with the Party:

   _____

(This may include details of any relationship as per the Policy on Conflict of Interest such as family relationship such as brother, sister, etc. including a family member employed in the entity, or commercial interest such as loans or shareholding or contractual relationship such as employment, etc.)

3. Type of Conflict which may apply:

- Relationship with Person/entity outside Rozana Rural Commerce Pvt. Ltd ☐
- Relationship with Rozana Rural Commerce Pvt. Ltd. Employees. ☐
- Relationship with a competitor/ individual employed with a competitor ☐
- Employment outside Rozana Rural Commerce Pvt. Ltd ☐

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4. Relationship of the conflicted party with Rozana Rural Commerce Pvt. Ltd.

_____

(This may include relationships such as vendor, customer, contractor, consultant, or competitor. In case of an off roll employees, within Rozana Rural Commerce Pvt. Ltd. please provide their designation, function & location)

5. Any Other Details:

_____

6. Declaration by Employee:

I hereby declare that the information provided above is true and complete to the best of my knowledge. I undertake to promptly inform the management of any changes in the above information or if a potential conflict of interest arises in the future.

I understand that failure to disclose a conflict of interest or providing false information may result in disciplinary action as per the company's policies.

Employee ID: _____ Name: _____

Designation: _____ Department: _____

Date: _____ Signature: _____