

Employee Particulars Form

Employee ID	
Employee Name	BOJJIREDDY SOUJANYA
Department	

Marital Status	MARRIED
Religion	HINDU
Physical Disabilities (if any)	
Major Illness or Accident (if any)	
Do you have any existing medical condition, physical impairment or substance dependence (i.e. dependence on alcohol, drugs, etc., excluding prescription by a certified medical professional)? ☐ Yes ☒ No Please provide details (if yes): _____	

Spouse Particulars (if applicable)

Name	MOORI ASHOK KUMAR REDDY		
Date of Birth	25/07/1978	Nationality	INDIAN
Occupation	STORAGE CAPACITY MANAGER		
Employer	HITACHI VANTARA		
Medical Benefit Provided	☒ Yes	☐ No	
Hospitalisation Benefit Provided	☒ Yes	☐ No	

Children Particulars (if applicable)

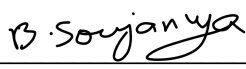
Name	MOORI ROCHAN SAI KUMAR REDDY		
Relationship	SON	Nationality	INDIAN
Date of Birth	08/082008		

Name	MOORI LAKSHITH SAI KUMAR REDDY		
Relationship	SON	Nationality	INDIAN
Date of Birth	25/03/2012		

Name			
Relationship		Nationality	
Date of Birth			

Name			
Relationship		Nationality	
Date of Birth			

Name			
Relationship		Nationality	
Date of Birth			


 29/07/25
Signature / Date