

Candidate Information Form

PERSONAL DETAILS		
Name of Applicant:	Bhonkar	Nitin Sakshi
Date of Birth (dd/mm/yy): 08/08/2002	Address: IIG-1 st , Room No A-11, Sector-3, Near Shankar Mandir, Kalamboli Colony-410218	
Sex: Female		
Father's Name: Nitin Bhonkar		
Home Phone: 9082921980	Office Phone:	Mobile: 9702480017

EMPLOYMENT RECORD: Starting with your present or most recent employer, please list last 2 employments. **When listing consulting or temporary assignments, under "Employer", state the name of the consulting or temporary agency that placed you at the client site. Complete and accurate dates (month/year) must be provided.**

EMPLOYER 1 (Current): Sakshi Infotech Solutions		Employee Id: SIS23013	From (mm/yy): 11/23	To (mm/yy): 05/24
Street Address: 503, Amore Bldg. Junction of 2nd and 4th Road, Near Khar West Station, Khar (W), Mumbai - 400052			Employer's Phone No.: 9702480017	Remuneration/Salary:
City: Mumbai	State: Maharashtra	Country: India	Postal Code: 400052	
Job Title: Trainee Accessibility Tester		Reason for leaving: Location (Travelling Issue)		
Employment Status: <i>(Please check the relevant box)</i> <input type="checkbox"/> Full Time <input checked="" type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details:		
		Name:	Sushree Sambhabhna	
		Title:	Sr Accessibility Tester	
		Phone No.:	8249367047	
		E-mail id: <i>(Preferably official)</i>	sushree@sensible.com	
		HR Manager's Details:		
		Name:	Pravesh Mishra	
Description of Duties: Writing Test cases & Test Scenarios Making Report, Finding Issues & logging into YouTrack		Phone No.:		
		E-mail id: <i>(Preferably official)</i>	Pravesh.mishra@sakshiinfotech.com	
Current Employment Authority Provided If No When		Yes/No		

All details are compulsory

Strictly Private & Confidential

EMPLOYER 2:	Employee Id:	From (mm/yy):	To (mm/yy):								
Street Address:		Employer's Phone No.:	Remuneration/Salary:								
City:	State:	Country:	Postal Code:								
Job Title:		Reason for leaving:									
Employment Status: <i>(Please check the relevant box)</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details: <table border="1"> <tr> <td>Name:</td> <td></td> </tr> <tr> <td>Title:</td> <td></td> </tr> <tr> <td>Phone No.:</td> <td></td> </tr> <tr> <td>E-mail id: <i>(Preferably official)</i></td> <td></td> </tr> </table>		Name:		Title:		Phone No.:		E-mail id: <i>(Preferably official)</i>	
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		Name:									
Phone No.:											
E-mail id: <i>(Preferably official)</i>											

All details are compulsory

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EMPLOYER 3:	Employee Id:	From (mm/yy):	To (mm/yy):								
Street Address:		Employer's Phone No.:	Remuneration/Salary:								
City:	State:	Country:	Postal Code:								
Job Title:		Reason for leaving:									
Employment Status: <i>(Please check the relevant box)</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details: <table border="1"> <tr> <td>Name:</td> <td></td> </tr> <tr> <td>Title:</td> <td></td> </tr> <tr> <td>Phone No.:</td> <td></td> </tr> <tr> <td>E-mail id: <i>(Preferably official)</i></td> <td></td> </tr> </table>		Name:		Title:		Phone No.:		E-mail id: <i>(Preferably official)</i>	
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		Name:									
		Phone No.:									
		E-mail id: <i>(Preferably official)</i>									

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EMPLOYER 4:	Employee Id:	From (mm/yy):	To (mm/yy):														
Street Address:		Employer's Phone No.:	Remuneration/Salary:														
City:	State:	Country:	Postal Code:														
Job Title:		Reason for leaving:															
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Description of Duties:																	

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DECLARATION & LETTER OF AUTHORIZATION

- I certify that the statements made in this application are valid and complete to the best of my knowledge. I understand that false or misleading information may result in termination of employment.
- If upon investigations, any of this information is found to be incomplete or inaccurate, I understand that I will be subject to dismissal at any time during my employment.
- I hereby authorize **the Company** and/or any of its subsidiaries or affiliates and any persons or organizations acting on its behalf (**TP**), to verify the information presented on this application form and to procure an investigative report or consumer report for that purpose.
- I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous records. In addition, please provide any other pertinent information requested by the individual presenting this authority.
- I hereby release from liability all persons or entities requesting or supplying such information.
- I authorize **the Company** to contact my present employer. ☐ Yes ☐
- I have read, understand, and by my signature consent to these statements.

SIGNATURE:
Sakshi Bhonkar

DATE: 16-05-2024

NAME (IN BLOCK LETTERS): SAKSHI NITIN BHONKAR

DOCUMENTS REQUIRED (COMPULSORY)	ATTACHED YES / NO
Copy of all past Employment Appointment & Relieving Letters / Salary Slips with employee code	YES

All details are compulsory

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