Candidate Information Form

PERSONAL DETAILS

Name of Applicant: Surname Middle SIV NLINGIAM		Middle	First AMARESAN			
Date of Birth (dd/mm/yy						
Sex: MNLE						
Father's Name: SIV	ALINGAM.C			/		
Home Phone:	Office Phone:	Mobile:	90254960	53		
EMPLOYMENT RECORD: Starting	g with your present or most re	cent employer, please	list last 2 employments	5. When listing consulting or		
temporary assignments, ur	nder "Employer", state the names (month/year) must be provided.	e of the consulting or	temporary agency that	placed you at the client site.		
EMPLOYER 1 (Current):		Employee Id:	From (mm/yy):	To (mm/yy):		
QUESS CORP L	QJT/MI	797794	05/20	09/23		
Street Address: AMPLIPURA, BE	LLANDUR GATE		Employer's Phone No.:	Remuneration/Salary:		
City: BANGALORE	State: KARNATAKA	Country:	Post	tal Code: 560 103		
Job Title:	INEER	Reason for leaving Pめるののd m	edical exigen	m)		
Employment Status: (Ple	ase check the relevant box)	Supervisor's Detail	s:			
Full Time Contract /Through Outsourcing Agency		Name:	ELANGOVAN	ELANGOVAN . R		
		Title:	TEAM LEA	TEAM LEAD		
		Phone No.:	9894408264			
Outsourcing Agency Deta Name:	ails:	E-mail id: (Preferably official)	Maranyama	9@gmail.com		
Address: Tel No.:		HR Manager's Deta				
		Name:	VIJAYALAKS			
Description of Duties:	the sca	Phone No.:	8122747224			
Charbing of net and customes co	mplaints.	E-mail id: (Preferably official)	vijayalaksh	mi suresh kg @gmail		
Current Employment Authority Provided If No When		Yes/No	YES	YES		

All details are compulsory

Strictly Private & Confidential

EMPLOYER 2:	Employee Id:	From (m	m/yy):	To (mm/yy):
MAGNA INFOTECH	793527	12/1	q	05/20
Cturat Addrage	OUR WATE	Employer's P	hone No.:	Remuneration/Salary:
City: BANGALORE	State: KARNATAKA		A	Postal Code: 560103
Job Title: RF ENGINEER		o clie	nt Change	
Employment Status: (Please check the relevant box)		Supervisor's	Details:	
☐ Full Time	Name:	ELAN	SOVAN, R	
Contract /Through Outsourcing Agency	Title:	TEAM LEAD		
Outsourcing Agency Details:		Phone No.:	9894	408264
Name: Address: Tel No.:		E-mail id: (Preferably official)	elango	ram 29 @gmail.com
	1. C.	HR Manage	's Details	
		Name:	AZUA	ILI PATIAL
Description of Duties:	ar d	Phone No.:	98189	811636
Challing of network parameters customer complaints. Then go	E-mail id: (Preferably	anjali	. Patial @quesscorp. a	
resolutions.		official)		The state of the s

All details are compulsory

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EMPLOYER 3:	Employee Id:	From (m	ım/yy):	To (mm/yy):
MAGNA INFOTECHI	773484	09	117	11/19
Street Address: AMPLIPURA , BELLANDUR WATE		Employer's Phone No.:		Remuneration/Salary:
City: BANDALORE	State: KARNATAKA	Country:		Stal Code:
Job Title: RF OPTIMIZATION ENGIN	NEER	Reason for	leaving:	use
Employment Status: (Please check the relevant box)		Supervisor's	Details:	
M Full Time		Name:	ELANG	OVAN. R
Contract /Through Outsourcing Agency	Title:	TEAM LEAD		
Outsourcing Agency Details:		Phone No.:		08264
Name: Address: Tel No.:		E-mail id: (Preferably official)	elangora	m 29 @ gmail.com
		HR Manager's Details:		
		Name:	JAYAUV	AKSHMI. S
Description of Duties:		Phone No.:	8122747224	
charling of network parameter customer details & complaints resolution auxodingly.	sivy	E-mail id: (Preferably official)	vijoyala	leshmésuresh kg@gmail

	DECLARATION & LETTER OF AUTHORIZATION
•	I certify that the statements made in this application are valid and complete to the best of my knowledge. 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 <i>the Company</i> 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 ar 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 <i>the Company</i> to contact my present employer. Yes No
•	I have read, understand, and by my signature consent to these statements.
SIGNAT	URE: NAM

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

All details are compulsory

NAME (IN BLOCK LETTERS): AMARESAN SIVALINGAM

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DATE: 13/03/2024