Candidate Information Form

	p P	ERSONAL	DETAILS		
Name of Applicant: Surname	SHARMA	Middle		First	OM
Date of Birth (dd/mm/yy):	9/11/2002				
Sex: MALE					
Father's Name: MR, HARISI	H CHANDRA				
Home Phone:	Office Phone:		Mobile:	976020850	8
EMPLOYMENT RECORD: Starting with y temporary assignments, under "Er Complete and accurate dates (mon	nployer', state the na	ime of the co	yer, please I	ist last 2 employments emporary agency that	. When listing consulting or placed you at the client site
EMPLOYER 1 (Current):	itir year i must be prov	No. of the last of	oyee Id:	From (mm/yy):	To (mm/yy):
Street Address:				Employer's Phone No.:	Remuneration/Salary:
City: State		Country:	offer all the	Posta	al Code:
Job Title:	The state of the s	Reason	for leaving:		
Employment Status: (Please ch	eck the relevant box,	Supervis	or's Détails:		
☐ Full Time	THE STATE OF THE S	Name:	sign was a sign		
Contract /Through Outsource	ing Agency	Title:			91 - 197 W
Qian	And the second s	Phone N	0.:		
Outsourcing Agency Details:		E-mail id			
Name:			ly official)		CARACTER STATE OF THE STATE OF
Address: Tel No.:			iger's Detai	ls:	Addition William Action of the Control of the Contr
		Name:			
Description of Duties:		Phone N			
		E-mail id (Preferat	: oly official)	7	
Current Employment Authority If No When	Provided	Yes/No			

All details are compulsory

Strictly Private & Confidential

EMPLOYER 2:	Employee Id:	From (mm/yy):	To (mm/yy):
1 MAIN SECTION OF THE		Employer's Phone N	lo.: Remuneration/Salary:
Street Address:			V
	State:	Country:	Postal Code:
City:		- N	
Job Title:	** L	Reason for leaving	:
Employment Status: (Please check the relevant bo.	x)	Supervisor's Detai	ls:
	77 34	Name:	
Full Time Contract /Through Outsourcing Agency		Title:	
Contract/imogs.		Phone	
Outsourcing Agency Details:		No.:	
Name:		E-mail id:	
Address: Tel No.:	towitte o re	(Preferably official)	
Terno		HR Manager's Deta	ails:
		Name:	
Description of Duties:	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Phone	
		No.:	
1.25		E-mail id:	
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		official)	

All details are compulsory

Strictly Private & Confidential

EMPLOYER 3:	Employee Id:	From (mm/yy):	To (mm/yy):
Street Address:		Employer's Phone N	lo.: Remuneration/Salary:
City:	State:	Country:	Postal Code:
Job Title:		Reason for leaving	;:
Employment Status: (Please check the relevant box	()	Supervisor's Detai	ls:
Full Time		Name:	
Contract /Through Outsourcing Agency		Title:	
		Phone	
Outsourcing Agency Details:		No.:	
Name:	West-	E-mail id:	
Address:		(Preferably	
Tel No.:		official)	olle.
		HR Manager's Det	dila.
No.		Name:	
Description of Duties:		No.:	-
		E-mail id: (Preferably official)	
		The state of the s	10 To 10 Co

		From (mm/y	v):	To (mm/yy):
	Employee Id:	From (may)	••	
EMPLOYER 4:				
		Employer's Phone	No.:	Remuneration/Salary
Street Address:		C		
Street Address.		Country:	Po	stal Code:
City	State:			
City:		Reason for leavi	ng:	
Job Title:				
		Supervisor's Det	ails:	
Employment Status: (Please check the relevant L	box)	是一个人,但		
Employment		Name:		
Full Time		Title:		
Contract /Through Outsourcing Agency		Phone		
Details:		No.:	_	
Outsourcing Agency Details:		E-mail id:		
Name:		(Preferably		
Address: Tel No.:		official)		
Tel No		HR Manager's De	etails:	
		Name:		
Latin & Dublary		Phone		
Description of Duties:		No.:		
The second secon		E-mail id:		
		(Preferably		
	torne to the second	official)		
The state of the s			Miles .	

DECLARATION & LETTER OF AUTHORIZATION	
 I certify that the statements made in this application are valid and complete to the best of my know understand that false or misleading information may result in termination of employment. 	ledge. I
 If upon investigations, any of this information is found to be incomplete or inaccurate, I understand that I subject to dismissal at any time during my employment. 	will be
 I hereby authorize the Company and/or any of its subsidiaries or affiliates and any persons or organizations on its behalf (TP), to verify the information presented on this application form and to proc investigative report or consumer report for that purpose. 	acting ure an
 I hereby grant authority for the bearer of this letter to access or be provided with full details of my precords. In addition, please provide any other pertinent information requested by the individual present authority. 	revious ing this
I hereby release from liability all persons or entities requesting or supplying such information.	
• I authorize the Company to contact my present employer. Yes No	
I have read, understand, and by my signature consent to these statements.	
SIGNATURE: Opplower DATE: 09/05/24	
NAME (IN BLOCK LETTERS): OM SHARMA	

DOCUMENTS REQUIRED (COMPULSORY)	ATTACHED YES / NO
Copy of all past Employment Appointment &	
Relieving Letters / Salary Slips with employee	210
code	

All details are compulsory

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