Candidate Information Form

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Name of Applicant: Surname Kadar	Bh in	7000		First	linath
Date of Birth (dd/mm/yy): 03/10/200	0	THE LABOR		7-1	
ex: Mare					
ather's Name: Bhimreao Kada	m	RELEGI			
Home Phone: Office Phone:		Mobile:	7559	39	209+
EMPLOYMENT RECORD: Starting with your present or most retemporary assignments, under "Employer", state the nan Complete and accurate dates (month/year) must be provided.	ne of the cor	yer, please list	it last 2 emplo	yments.	When listing consulting laced you at the client sit
EMPLOYER 1 (Current):	111111111111111111111111111111111111111	yee Id:	From (mm/	yy):	To (mm/yy):
Street Address:		-	Employer's Phone No.:		Remuneration/Salary
City: State:	Country:	-		Postal	Code:
Job Title:	Reason fo	or leaving:		Ting year.	
Employment Status: (Please check the relevant box)	Superviso	or's Details:			
Full Time	Name:	1000			
Contract /Through Outsourcing Agency	Title:	date in		THE	
Outsourcing Agency Details:	Phone No	.:	PERC.	- 11	I PORTE LICE
Name:	E-mail id:				THE ENLINE TO
Address:	(Preferable				
Tel No.:	Name:	ger's Details			
Description of Duties:	Phone No			BY2-1	
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Current Employment Authority Provided No When	Yes/No	Vis-E		T. T.	

All details are compulsory

Strictly Private & Confidential

City: State: Country: Postal Code:	EMPLOYER 2:	Employee Id:	From (mm/	yy):	To (mm/yy):
Job Title: Employment Status: (Please check the relevant box) Full Time Contract / Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.: Description of Duties: Phone No.: E-mail id: (Preferably official) HR Manager's Details: Name: Phone No.: E-mail id: (Preferably	Street Address:		Employer's Phon	e No.:	Remuneration/Salary:
Employment Status: (Please check the relevant box) Full Time	City:	State:	Country:	Po	stal Code:
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Title: Outsourcing Agency Details: Name: Address: Tel No.: Description of Duties: Title: Phone No.: E-mail id: (Preferably official) HR Manager's Details: Name: Phone No.: E-mail id: (Preferably official)	Employment Status: (Please check the relevant I	box)	Supervisor's Det	ails:	
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	Employer's Phone N	o.: Remuneration/Salary	
State:	Country:	Postal Code:	
	Reason for leaving	g:	
	Supervisor's Deta	ils:	
	Name:		
	Title:		
	Phone No.:		
	E-mail id:		
	HR Manager's Details:		
	Name:		
	Phone		
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	official)		
		Title: Phone No.: E-mail id: (Preferably official) HR Manager's I	

EMPLOYER 4:				
Street Address:	Employee Id:	From (mm/y	y):	To (mm/yy):
City:		Employer's Phone	No.:	Remuneration/Salary:
Job Title:	State:	Country:	Po	stal Code:
Employment Status: (Please check the relevant		Reason for leavi	ng:	
Full Time	box)	Supervisor's Deta	ails:	
Contract /Through Outsourcing Agency		Name: Title:		
Outsourcing Agency Details:		Phone No.:		
Address: Tel No.:		E-mail id: (Preferably		
		official) HR Manager's De	tails:	
Description of Duties:		Name:		
		No.:		
		E-mail id: (Preferably		
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DECLARATION & LETTE	R OF AUTHORIZATION
DECEMBATION & LETTE	R 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: Alkadam

DATE: 21/01/2025

NAME (IN BLOCK LETTERS): ADINATH KADAM

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

All details are compulsory

Strictly Private & Confidential