Candidate Information Form

PERSONAL DETAILS						
Name of Applicant: Surname	Middle		First KALIMUTHU			
Date of Birth (dd/mm/yy):		20-05-1994				
Sex:		MALE				
Father's Name:	K.KALIAPPAN					
Home Phone: Office Phone:		Mobile: 9597580894				
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):		Emplo	yee ld:	From (mm/yy):		To (mm/yy):
INTEGRATED WIRELESS SOLUTIONS		IWS125	95	01/2023		/2023
Street Address: A-89 1st floor,sector 65,	A.K		Employer's Phone No.: 9597580894	1	Remuneration/Salary:	
City: Noida State Utter	e: r pradesh	Country: India			stal (Code: 1
Job Title: RF Drive test engineer		Reason for leaving: I left for good carrier growth				
Employment Status: (Please check the relevant box)		Supervisor's Details:				
✓ Full Time		Name:		PATCHIYA SANKAR		
Contract /Through Outsourcing Agency		Title:		PROJECT MANAGER		
Outsourcing Agency Details: Name: Address:		Phone No	o.:	9488318216		
			ly official)	patchiya.sankar@iwsindia.com		
Tel No.:		HR Manager's Details:				
Description of Duties		Name:		GITIKA RAHEJA		
Description of Duties:		Phone No E-mail id:				
RF Drive test engineer We are doing physical optimization,drive test, log analysis,report making and team coordination			ly official)	hr@iwsindia.o	rg	
Current Employment Authority Provided						
If No When		Yes/No				

All details are compulsory

Strictly Private & Confidential

MPLOYER 2: Employee Id:		From (mm/yy):		To (mm/yy):		
Metro Telworks pvt ltd MT-W-351		9/2021		31/2022		
Street Address: A-4 & 5, First Floor, Safal Profitaire, Corporate Auda Garden, Prahlad Nagar, Ahmedabad - 38 Tel: +91(79) 40264444, Fax: +91 (79) 40264444	Employer's Phone No.:		Remuneration/Salary:			
City: Auda garden,prahiad nagar	State: Ahmedabad	Country: Pos		Postal Code: 380015		
Job Title: RF Engineer			Reason for leaving: Due to project closure			
Employment Status: (Please check the relevant box)			Supervisor's Details:			
✓ Full Time☐ Contract /Through Outsourcing Agency			Kaushal kumar			
			Team leader			
Outsourcing Agency Details:	Phone No.:	9025185878				
Name: Address: Tel No.:	E-mail id: (Preferably official)	kaushal.kumar5@huawei.com				
			HR Manager's Details:			
			mohit sokriwal			
Description of Duties:		Phone No.:	9787778009			
Drive test,report prepartion,log and	E-mail id: (Preferably	mohit.sokriwal@metrotelworks.d				
	official)					

EMPLOYER 3:	Employee Id:	From (mm/yy):		To (mm/yy):	
Street Address:		Employer's Phon	e No.:	Remuneration/Salary:	
City:	State:	Country: Postal Code:		ostal Code:	
Job Title:		Reason for leaving:			
Employment Status: (Please check the relevant box,)	Supervisor's De	ails:		
Full Time		Name:			
Contract /Through Outsourcing Agency		Title:			
		Phone			
Outsourcing Agency Details:		No.:			
Name:		E-mail id:			
Address:		(Preferably			
Tel No.:		official)			
		HR Manager's Details:			
		Name:			
Description of Duties:		Phone			
		No.:			
		E-mail id:			
		(Preferably			
		official)			

EMPLOYER 4:	Employee Id:	From (mm/yy):		To (mm/yy):	
Street Address:		Employer's Phon	e No.:	Remuneration/Salary:	
City:	State:	Country: Postal Code:		ostal Code:	
Job Title:		Reason for leaving:			
Employment Status: (Please check the relevant box)	Supervisor's De	tails:		
Full Time		Name:			
Contract /Through Outsourcing Agency		Title:			
		Phone			
Outsourcing Agency Details:		No.:			
Name:		E-mail id:			
Address:		(Preferably			
Tel No.:		official)			
		HR Manager's Details:			
		Name:			
Description of Duties:		Phone			
		No.:			
		E-mail id:			
		(Preferably			
		official)			

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 <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 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 <i>the Company</i> to contact my present employer. ✓ Yes □ No				
I have read, understand, and by my signature consent to these statements.				
DATE: 19-12-2023				
NAME (IN BLOCK LETTERS): K.KALIMUTHU				

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

All details are compulsory

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