

## Candidate Information Form

PERSONAL DETAILS		
Name of Applicant: Surname Middle First : Pol Vitthal Nisha		
Date of Birth (dd/mm/yy): 26/06-1999		
Sex: Female		
Sex: Father's Name: Vitthal Pol		
Home Phone: +91 85910 65733	Office Phone: +91 85910 65733	Mobile:+91 85910 65733

<b>EMPLOYMENT RECORD:</b> Starting with your present or most recent employer, please list last 2 employments. <b>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.</b>				
<b>EMPLOYER 1 (Current): Bhavani Shipping Pvt. Ltd.</b>		<b>Employee Id:</b>	From 02/2022 (mm/yy):	To (mm/yy):02/2023
Street Address:601, V-Times Square, Plot No. 3, Sector 15, CBD Belapur, Navi Mumbai - 400 614.		Employer's Phone No.:1315		Remuneration/Salary:
City: Navi Mumbai	State: Maharashtra	Country: India		Postal Code: 400 614
<b>Job Title: Executive - HR</b>		<b>Reason for leaving: For better growth.</b>		
<b>Employment Status:</b> <i>(Please check the relevant box)</i>  <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency  <b>Outsourcing Agency Details:</b> Name: Address: Tel No.:		<b>Supervisor's Details:</b>		
		<b>Name:</b>		<b>Jotsana Shinde</b>
		<b>Title:</b>		<b>Executive - HR</b>
		<b>Phone No.:</b>		<b>9152096663</b>
		<b>E-mail id:</b> <i>(Preferably official)</i>		<b>hr@bhavani.com</b>
		<b>HR Manager's Details:</b>		
		<b>Name:</b>		<b>Ms. Pradnya zagade</b>
<b>Description of Duties:</b>		<b>Phone No.:</b>	<b>8657021091</b>	

	<b>E-mail id:</b> (Preferably official)	<a href="mailto:hrmgr@bhavani.com">hrmgr@bhavani.com</a>
Current Employment Authority Provided If No When	Yes/No	Yes

*All details are compulsory Strictly Private & Confidential*

<b>EMPLOYER 2: Skm Jobs</b>		<b>Employee Id:</b>		From (mm/yy):		To (mm/yy):	
Street Address: IPSIT Apartment, Shop No 5, Society, opposite Shree Samarth Mandir, Jambli Naka, Thane, Maharashtra 400601				Employer's Phone No.:		Remuneration/Salary:	
City: Thane		State: Maharashtra		Country: India		Postal Code 400601	
Job Title: Executive - Hr				Reason for leaving: for better growth.			
<b>Employment Status:</b> (Please check the relevant box)  <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency  <b>Outsourcing Agency Details:</b> Name: Address: Tel No.:				<b>Supervisor's Details:</b>			
				Name:		NA	
				Title:		NA	
				Phone No.:		NA	
				E-mail id: (Preferably official)		hr@skmjobs.com	
				<b>HR Manager's Details:</b>			
				Name:		Sagrika khanna (Director)	
Description of Duties:				Phone No.:		9137284678	
				E-mail id: (Preferably official)		sagrika@Skmjobs.com	

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

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<b>EMPLOYER 4:</b>	<b>Employee Id:</b>	From (mm/yy):	To (mm/yy):
Street Address:		Employer's Phone No.:	Remuneration/Salary:
City:	State:	Country:	Postal Code:
<b>Job Title:</b>		<b>Reason for leaving:</b>	
<b>Employment Status:</b> <i>(Please check the relevant box)</i>		<b>Supervisor's Details:</b>	

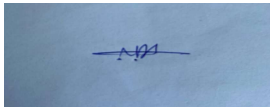
Full Time Contract /Through Outsourcing Agency  <b><i>Outsourcing Agency Details:</i></b> Name: Address: Tel No.:	<b>Name:</b>	
	<b>Title:</b>	
	<b>Phone No.:</b>	
	<b>E-mail id:</b> <i>(Preferably official)</i>	
	<b>HR Manager's Details:</b>	
	<b>Name:</b>	
<b>Description of Duties:</b>	<b>Phone No.:</b>	
	<b>E-mail id:</b> <i>(Preferably official)</i>	

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<b>DECLARATION &amp; LETTER OF AUTHORIZATION</b>
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- 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 No
- I have read, understand, and by my signature consent to these statements.

SIGNATURE:



NAME (IN BLOCK LETTERS): NISHA POL

DATE:02/01/2023

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

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