

Candidate Information Form

PERSONAL DETAILS

Name of Applicant: Surname KUMAR		Middle	First DABLOO
Date of Birth (dd/mm/yy): 15/03/94			
Sex: MALE			
Father's Name: PRAHLAD MAHTO			
Home Phone:	Office Phone:	Mobile: 9308687358	

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): ELECTRONICS CORPORATION OF INDIA LTD. HYDERABAD		Employee Id: 448806	From (mm/yy): MARCH/2021	To (mm/yy): 03/2025
Street Address: ECIL, POST, ECIL, HYDERABAD PIN - 500062		Employer's Phone No.:	Remuneration/Salary: 31000/Pm.	
City: HYDERABAD	State: TELANGANA	Country: INDIA	Postal Code: 500062	
Job Title: TECHNICAL OFFICER (ON CONTRACT)		Reason for leaving: COMPLETION OF CONTRACT		
Employment Status: (Please check the relevant box)		Supervisor's Details:		
<input checked="" type="checkbox"/> Full Time		Name: CHP. CHOUDHARY		
<input type="checkbox"/> Contract /Through Outsourcing Agency		Title: SM		
Outsourcing Agency Details: Name: Address: Tel No.:		Phone No.: 9848821350/04027186113		
		E-mail id: (Preferably official)		
		HR Manager's Details:		
Description of Duties:		Name:		
		Phone No.:		
		E-mail id: (Preferably official)		
Current Employment Authority Provided If No When		Yes/No	Yes	

All details are compulsory

Strictly Private & Confidential

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 **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: Dablu kumar

DATE: 23/05/2025

NAME (IN BLOCK LETTERS): DABLOO KUMAR

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

All details are compulsory

Strictly Private & Confidential