

Please provide the details of any of your friends		
Name: NEHAL KUMAR	Location: BANGLURU	Profession: ENGINEER
Home Phone: 9576735829	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
Name:	Location:	Profession:
Home Phone:	Work Phone:	Cellular Phone:
IN CASE OF EMERGENCY PLEASE CONTACT		
Name: AJAY KUMAR SRIVASTAVA	Relationship: FATHER	
Home Phone: 9936345505	Work Phone:	Cellular Phone: 8005318731
Name:	Relationship:	
Home Phone	Work Phone	Cellular Phone:
Preferred Hospital:		
Physician's Name	Specialist Name:	Dentist Name:
Phone:	Phone:	Phone:
List all medications that you are taking (prescription and over the counter). If necessary include the reason of medication:		
List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that emergency personal need to be aware of, attach documentation is necessary:		
II. SIGNATURE AND CONSENT FOR EMERGENCY MEDICAL TREATMENT		
Employee Signature: ANKIT SRIVASTAVA		Date Signed: 12-05-2025

Candidate Information Form

PERSONAL DETAILS			
Name of Applicant:	Surname SRIVASTAVA	Middle	First ANKIT
Date of Birth (dd/mm/yy):	21-03-2001		
Sex:	MALE		
Father's Name:	AJAY KUMAR SRIVASTAVA		
Home Phone:	9936345505	Office Phone:	8609345505
		Mobile:	8005318731

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

All details are compulsory

Strictly Private & Confidential

Ankit Srivastava

EMPLOYER 2:	Employee Id:	From (mm/yy):	To (mm/yy):
Street Address:		Employer's Phone No.:	Remuneration/Salary:
City:	State:	Country:	Postal Code:
Job Title:		Reason for leaving:	
Employment Status: (Please check the relevant box) <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		Supervisor's Details: Name: _____ Title: _____ Phone No.: _____ E-mail id: _____ (Preferably official)	
Outsourcing Agency Details: Name: _____ Address: _____ Tel No.: _____		HR Manager's Details: Name: _____ Phone No.: _____ E-mail id: _____ (Preferably official)	
Description of Duties:			

All details are compulsory

Strictly Private & Confidential

Asst. Manager

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

All details are compulsory

Strictly Private & Confidential

Ankit Srivastava

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

All details are compulsory

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Ankit Srivastava

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: Ankit Srivastava

DATE: 12-05-2025

NAME (IN BLOCK LETTERS): ANKIT SRIVASTAVA

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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