Candidate Information Form

	PERSONA	AL DETAILS	
Name of Applicant:	Surname Middle CHANDHRASEKARAN		First KARTHICK
Date of Birth (dd/mm,	W): 09/06/1993		
Sex:	MALE		
Father's Name:	CHANDRASEKARAN . V		
Home Phone:	Office Phone:	Mobile:	8880797889

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): COUASAR TELECOM CONSULTANTS PUT LTD 01/2024 07/24 Street Address: No: 345/15, 2nt Stoor, 7th cross, 15th Bbcu 2554 Employer's Remuneration/Salary: Phone No.: Jayangar, Brigalore - 560011 SALBRY 080 2662 2784 BANGALORE State: KARNATAKA Postal Code: 560011 Country: INDIA City: Job Title: CUSTOMER SUPPORT ENGINEER -Reason for leaving: TECHNICAL GROWTH MOBILE SUITCHING Employment Status: (Please check the relevant box) Supervisor's Details: Full Time Name: BHIMASHANKAR PROIL Contract /Through Outsourcing Agency Title: SUPERVISOR Phone No.: 9591554447 Outsourcing Agency Details: E-mail id: Name: bhimashankar. Patil. Ext@ no kia. com (Preferably official) Address: HR Manager's Details: Tel No.: Name: SUNITHA Description of Duties: Phone No.: 9901517200 E-mail id: coord_north@quasartelecom.net (Preferably official) Current Employment Authority Provided If No When Yes/No Yes

All details are compulsory

EMPLOYER 2: QUESS CORP LAD	Employee Id:	From (mm/yy): 05/20		To (mm/yy): 01 / 24	
Street Address: BHARTH BIRTEL LTD, DIVYASHREE' TOWERS		Employer's Phone No.:		Remuneration/Salary:	
City: BANGALORE	State:	Country:		ostal Code: らんかり9	
JOB TITLE: NETWOORK ENGINEER	Reason for leaving: Technical growth				
Employment Status: (Please check the relevant box) Full Time Contract /Through Outsourcing Agency		Supervisor's Details:			
		Name:	ANJANEYA .B		
		Title:	SUPERVISOR		
Outsourcing Agency Details:	Phone No.:	7022785862			
Name: Address: Tel No.:	E-mail id: (Preferably official)	a_anjaneya,b@atrte).co			
	HR Manager's Details:				
	No. of the last of	Name:	Ans	all Patial	
Description of Duties:		Phone No.:	98188116\$6		
	S. K	E-mail id: (Preferably official)	anjak.s	patial @ quencosp.	

All details are compulsory

EMPLOYER 3: QUESS CORP LOD	Employee Id: 795344	From (mm/yy): 02 / 20		To (mm/yy): 05/20
Street Address: ERICOSON INDIA PUT FERNS ICON BUIL	Employer's Phone No.:		Remuneration/Salary:	
City: DEDDANEKKUNDI, BANGALIRE	State:	Country:		Postal Code: 5600 H 8
Job Title: NETWORK ENGINEER	PROCESS CHANGED (CUSTOMET)			
Employment Status: (Please check the relevant box)		Supervisor's		
Full Time	Name:	KALYAN CHRIST)		
Contract /Through Outsourcing Agency	Title:	SUPERVISOR		
Outsourcing Agency Details:	Phone No.:	8919556532		
Name: Address: Tel No.:	E-mail id: (Preferably official)	a - christi. Kalyan@arracl		
	HR Manager's Details:			
		Name:	Ans	pali patial
Description of Duties:	Phone No.:	98188 11636		
		E-mail id: (Preferably official)	anjali	. Patial @ quesscorp.com

All details are compulsory

EMPLOYER 4: Manpower Group Servin	Employee Id:	From (r	nm/yy):	To (mm/yy):	
Street Address: Evicson India pub Ltd Ferns I con Rus LTING		Employer's Phone No.:		Remuneration/Salary:	
City: DODDANEKUNDI, BANGALORE	State: KARNATAKA	Country:	Pos	stal Code: 54 00 4-8	
Job Title: CORE ENGINEER	Reason for leaving: Technical growth				
Employment Status: (Please check the relevant bo	Supervisor's Details:				
Full Time Contract /Through Outsourcing Agency	Name: Title:	Murugaras M			
Outsourcing Agency Details:	Phone No.:	91083 61374			
Address: Tel No.:	E-mail id: (Preferably official)	Murugan	mà m@ erissin.		
	HR Manager's Details:				
Developed to the second	AND DESCRIPTION OF THE PERSON	Name:	Mani	Kanth B3	
Description of Duties:		Phone No.:	9663558702		
		E-mail id: (Preferably official)	manikani	th-S@ Manpower.	

All details are compulsory

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

I have read, understand, and by my signature consent to these statements.

SIGNATURE:

4.00

DATE: 02/07/2024

NAME (IN BLOCK LETTERS):

KARTHICK . C

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

All details are compulsory