Candidate Information Form

	PERSONAL D	ETAILS			
Name of Applicant: Surname DUVEDI	Middle		Fi	rstAN	IUPAM
Date of Birth (dd/mm/yy): 11-May-	1994				
Sex: Male					
Father's Name: Sukhendra Dun	edi				
Home Phone: Office Phone:		Mobile: -	7417380	15k	7
EMPLOYMENT RECORD: Starting with your present or mo temporary assignments, under "Employer", state the Complete and accurate dates (month/year) must be p	name of the cor				
EMPLOYER 1 (Current): Saffo Solution Technolog	Emplo 100	oyee ld: 211	From (mm/yy) 10-Aug-2		To (mm/yy): _3-Aug -2025
Street Address: 703, A Wing, 48 Plot No Y-4/14 X-412, TTE Inc Navi mumbai	senscope	Tichuoul la, Maha			Remuneration/Salary:
Navi Mumbai State: Waharar &	Country:	Judi	a	Postal C	ode: 00710
Job Title: Pest Engineer	Reason f	or leaving:	bessen	al	neson
Employment Status: (Please check the relevant be	Superviso	or's Details:			
▼ Full Time	Name:		Uniona	7 4a	rg
Contract /Through Outsourcing Agency	Title:		20101	00.4	0
Outsourcing Agency Details:	Phone No		98184		
Name: Bharti Aistel He'	E-mail id:	ly official)	unang.go	مرين	aister com
Address: CP-DS, Sec & , IMT Nan	HR Mana	ger's Details			
Tel No.: Curugram - 12205	Name:				
Description of Duties: Device Test	Phone No				
Engineer (Birlet RA)	E-mail id: (Preferab	ly official)			
Current Employment Authority Provided If No When	Yes/No				

All details are compulsory

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EMPLOYER 2: Marquis Technology	த Employee Id:	From (mm/)		To (mm/yy):
Dist. Itel.	12072	06-Julie	2022	08-Aug-2023
Street Address: A-43, Soctor 67 Soctor 67		Employer's Phon		Remuneration/Salary:
city: Norda	State: U.P.	Country:	Pos	2013 09
Job Title: Test Engineer		Reason for leav	ing: Per	as anad Roomson
Employment Status: (Please check the relevant box)		Supervisor's De	ails:	
Full Time		Name:	Romi	jeet Ma. Kuma
Contract /Through Outsourcing Agency		Title:		
Outsourcing Agency Details: Name: Reliance Jio (RCP Mumbai) Address: Tel No.: Poliance corporate Pork MIDC Jud. Area Ghamsoli Nami Mumbai - 400701		Phone No.:		
		E-mail id:		
		(Preferably official)		1
		HR Manager's Details:		
	792	Name:		
Device Test Engineer		Phone		
		No.: E-mail id:		
		(Preferably		
		official)		

EMPLOYER 3:	Employee Id:	From (m		To (mm/yy):	
Link Quest Telecom Ltd.	LQT9621	05-1	1-2016	31-05-202	
Street Address: G-25, GP1008, 80	ector-3	Employer's Pl	hone No.:	Remuneration/Salary:	
city: Noida	State: O. P.	Country:	lia Po	stal Code: 2013 0 1	
Job Title: RF. Engineer.		Reason for I	leaving:		
Employment Status: (Please check the relevant box)		Supervisor's	Details:		
Full Time		Name:	Sureno	lrg Singh Bhoti	
Contract /Through Outsourcing Agency		Title:			
Outsourcing Agency Details: Name: Bhaldi Aistel Lid. Address: Tel No.: Survey House Journal Roycuthan	Phone No.:				
Name: Bhatti H1804 Light		E-mail id:			
Tel No: Charle HAIR TO	upus_	(Preferably			
Ter No.:		official) HR Manager's Details:			
payen win		Name:	3 Details.	\$100 P(x)(1420) (400) (100) (200) (100 P(40) (100) (200) (100) (100) (100)	
Description of Duties:		Phone			
	No.:				
RF. Engineer	E-mail id:	M L			
	(Preferably				
Comments of the second		official)	W.,		

All details are compulsory

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	DECLARATION & LETTER OF AUTHORIZATION			
•	I certify that the statements made in this application are valid and complete to the best of my knowledge. 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 are 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.			
•	I have read, understand, and by my signature consent to these statements.			

SIGNATURE:

NAME (IN BLOCK LETTERS): ANUPAM DUVEDI

DATE: 13-Aug-2025

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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