

Candidate Information Form

PERSONAL DETAILS		
Name of Applicant: Surname Patil Middle Ravindranath First Priyesh		
Date of Birth (dd/mm/yy): 14/09/1988		
Sex: Male		
Father's Name: Ravindranath Govindrao Patil		
Home Phone: -	Office Phone: -	Mobile: 8830029970

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): MARQUIS TECHNOLOGIES PRIVATE LIMITED	Employee Id: 12032	From (mm/yy): 28 March 2022	To (mm/yy): -
Street Address: Unit 804/805, Rupa Solitaire Park, Sector 1, Plot 2, 8th Floor, Millennium Business Park, Mahape,		Employer's Phone No.: -	Remuneration/Salary: -
City: New Mumbai	State: Maharashtra	Country: India	Postal Code: 400710
Job Title: Test Engineer		Reason for leaving: -	
Employment Status: <i>(Please check the relevant box)</i> <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		Supervisor's Details:	
Outsourcing Agency Details: Name: Address: Tel No.:		Name:	Harvinder Saini
		Title:	Project Manager
		Phone No.:	+919619298454
		E-mail id: <i>(Preferably official)</i>	hsaini@marquistech.com
		HR Manager's Details:	
Description of Duties:		Name:	Nisha Pol
		Phone No.:	+919619298454
		E-mail id: <i>(Preferably official)</i>	npol@marquistech.com
Current Employment Authority Provided If No When		Yes/No	

All details are compulsory

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EMPLOYER 2: Flin Technologies Private Ltd.	Employee Id: -	From (mm/yy): June 2018	To (mm/yy): March 2022								
Street Address: Andheri West		Employer's Phone No.: -	Remuneration/Salary: 2,88,000/-								
City: Mumbai	State: Maharashtra	Country: India	Postal Code: 400058								
Job Title: Senior Technical Engineer		Reason for leaving: -									
Employment Status: <i>(Please check the relevant box)</i> <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details: <table border="1"> <tr> <td>Name:</td> <td>Nikhil Singhi,</td> </tr> <tr> <td>Title:</td> <td>CEO</td> </tr> <tr> <td>Phone No.:</td> <td>-</td> </tr> <tr> <td>E-mail id: <i>(Preferably official)</i></td> <td>contact@flinenergy.com</td> </tr> </table>		Name:	Nikhil Singhi,	Title:	CEO	Phone No.:	-	E-mail id: <i>(Preferably official)</i>	contact@flinenergy.com
Name:	Nikhil Singhi,										
Title:	CEO										
Phone No.:	-										
E-mail id: <i>(Preferably official)</i>	contact@flinenergy.com										
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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EMPLOYER 3: PVR Controls Private Ltd	Employee Id: -	From (mm/yy): July 2015	To (mm/yy): Mar 2018														
Street Address: Koparkhairne MIDC		Employer's Phone No.: -	Remuneration/Salary: 2,00,000/-														
City: New Mumbai	State: Maharashtra	Country: India	Postal Code: -														
Job Title: Service Engineer		Reason for leaving: -															
Employment Status: <i>(Please check the relevant box)</i> <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details: <table border="1"> <tr> <td>Name:</td> <td>Snehal Vijay Maske</td> </tr> <tr> <td>Title:</td> <td>Production Manager</td> </tr> <tr> <td>Phone No.:</td> <td>+91 88282 85284</td> </tr> <tr> <td>E-mail id: <i>(Preferably official)</i></td> <td>-</td> </tr> </table> HR Manager's Details: <table border="1"> <tr> <td>Name:</td> <td>-</td> </tr> <tr> <td>Phone No.:</td> <td>-</td> </tr> <tr> <td>E-mail id: <i>(Preferably official)</i></td> <td>-</td> </tr> </table>		Name:	Snehal Vijay Maske	Title:	Production Manager	Phone No.:	+91 88282 85284	E-mail id: <i>(Preferably official)</i>	-	Name:	-	Phone No.:	-	E-mail id: <i>(Preferably official)</i>	-
Name:	Snehal Vijay Maske																
Title:	Production Manager																
Phone No.:	+91 88282 85284																
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Phone No.:	-																
E-mail id: <i>(Preferably official)</i>	-																

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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> <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details: <table border="1"> <tr> <td>Name:</td> <td></td> </tr> <tr> <td>Title:</td> <td></td> </tr> <tr> <td>Phone No.:</td> <td></td> </tr> <tr> <td>E-mail id: <i>(Preferably official)</i></td> <td></td> </tr> </table>		Name:		Title:		Phone No.:		E-mail id: <i>(Preferably official)</i>	
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Description of Duties:		HR Manager's Details:									
		Name:									
		Phone No.:									
		E-mail id: <i>(Preferably official)</i>									


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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. 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:



DATE: 29/05/2025

NAME (IN BLOCK LETTERS): PRIYESH RAVINDRANATH PATIL

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

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