Candidate Information Form

PERSONAL DETAILS						
Name of Applicant: Surname: Gupta		Middle			First: Ral	kshita
Date of Birth (dd/mm/yy): 11-09-2002						
Sex: Female						
Father's Name: Mr. Gopal Prasac	d					
Home Phone: 9205691284	ne: 9205691284 Office Phone: N/A		Mobile: 9958639916			
EMPLOYMENT RECORD: Starting with y temporary assignments, under "El Complete and accurate dates (mor	mployer", state the nan	ne of the con				
EMPLOYER 1 (Current): Rhetorica Politik		Emplo	yee ld:	From (mm/y	y):	To (mm/yy):
Street Address: Sec-117, Noida		300		Employer's Phone No.: N/A		Remuneration/Salary: 20,000\-
City: Noida State	: Uttar Pradesh	Country: I	ndia		Postal (Code:
Job Title: HR Executive		Reason for leaving : MBA Exams(Leaves were not provided by the company)				
Employment Status: (Please check the relevant box)		Superviso	r's Details:			
Full Time: YES Contract /Through Outsourcing Agency		Name:				
		Title:				
		Phone No	.:			
Outsourcing Agency Details: Name:		E-mail id:				
Address: Tel No.:		(Preferabl				
			HR Manager's Details:			
Description of Duties:		Name:				
Description of Duties.		Phone No E-mail id:	••			
		(Preferably	y official)			
Current Employment Authority I If No When	Provided	Yes/No				

All details are compulsory

Strictly Private & Confidential

EMPLOYER 2:	Employee Id:	From (mm/yy	/):	To (mm/yy):	
Street Address:	L	Employer's Phone	No.:	Remuneration/Salary:	
City:	State:	Country:	Ро	stal Code:	
Job Title:	ob Title:		Reason for leaving:		
Employment Status: (Please check the r	elevant box)	Supervisor's Deta	ails:		
Full Time		Name:			
Contract /Through Outsourcing Agency		Title:			
Outsourcing Agency Details:		Phone No.:			
Name:		E-mail id:			
Address:		(Preferably			
Tel No.:		official)			
		HR Manager's De	etails:		
	1000	Name:			
Description of Duties:		Phone No.:			
		E-mail id:			
		(Preferably			
		official)			

EMPLOYER 3:	Employee Id:	From (mm/y	·):	To (mm/yy):
Street Address:		Employer's Phone	No.:	Remuneration/Salary
City:	State:	Country:	Ро	ostal Code:
Job Title:		Reason for leavi	ng:	
Employment Status: (Please check the relevant box)		Supervisor's Details:		
☐ Full Time		Name:		
Contract /Through Outsourcing Agency		Title:		
Outsourcing Agency Details:		Phone No.:		
Name: Address:		E-mail id:		
Tel No.:		(Preferably official)		
			HR Manager's Details:	
		Name:		
Description of Duties:	CALL BYA	Phone		
		No.:		
		E-mail id:		
		(Preferably		
		official)		

EMPLOYER 4:	Employee Id:	From (mm/y	/):	To (mm/yy):
Street Address:		Employer's Phone	No.:	Remuneration/Salary
City:	State:	Country:	Ро	ostal Code:
Job Title:		Reason for leavi	ng:	
Employment Status: (Please check the relevant box)		Supervisor's Details:		
☐ Full Time		Name:		
Contract /Through Outsourcing Agency		Title:		
Outsourcing Agency Details:		Phone No.:		
Name: Address:		E-mail id:		
Tel No.:		(Preferably official)		
		HR Manager's De	tails:	
		Name:		
Description of Duties:	C 50 BY/A	Phone		
		No.:		
		E-mail id:		
Vi and the second		(Preferably		
		official)		

DECLARATION & LETTER OF AUTHORIZATION				
 I certify that the statements made in this application are v understand that false or misleading information may result in 				
 If upon investigations, any of this information is found to be i subject to dismissal at any time during my employment. 	ncomplete or inaccurate, I understand th at I will be			
 I hereby authorize the Company and/or any of its subsidiaries on its behalf (TP), to verify the information preser 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. ☐ Yes ☐ No				
I have read, understand, and by my signature consent to these statements.				
SIGNATURE:				
Rakshida.	DATE: 5 TH AUGUST 2025			
NAME (IN BLOCK LETTERS): RAKSHITA GUPTA				

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

