Candidate Information Form

		ERSONAL D	ETAILS			THE WAR
Name of Applicant: Surname Tribath; Middle		Middle	First Harsh.			
Date of Birth (dd/mm/y	(Y): 01/07/2001	-			-	
Sex: 'Male						
Father's Name: Sau	ntosh Tripath	, 1				
Home Phone:			Mobile: 9670560365.			
1 2						
temporary assignments,	ing with your present or most runder "Employer", state the nate attention in most be provented to the proven	me of the con				
EMPLOYER 1 (Current):	MPLOYER 1 (Current):		yee ld:	From (mm/y	y):	To (mm/yy):
Street Address:		24 P. B. S.		Employer's Phone No.:		Remuneration/Salary
City:	State:	Country:			Postal (Code:
ob Title:		Reason fo	or leaving:	Aug.	The sale	
Employment Status: (Pl	ease check the relevant box)	Superviso	r's Details:			
Full Time		Name:			-	
Contract /Through Outsourcing Agency		Title:				
Outsourcing Agency Details: Name: Address: Tel No.:		Phone No).;			
		E-mail id:				
		(Preferabl				
			ger's Detail:	s: .	THE ST	
EI IVU	**	Name:				
escription of Duties:		Phone No	·:			
		E-mail id: (Preferabl				
urrent Employment Aut No When	hority Provided	Yes/No				

DI OVER 2				,
EMPLOYER 2:	Employee Id:	From (mm/y ₎	·):	To (mm/yy):
Street Address:		Employer's Phone	No.:	Remuneration/Salary
City:	State:	Country:	Ро	stal Code:
Job Title:		Reason for leavi	ng:	· · · · · · · · · · · · · · · · · · ·
Employment Status: (Please check the relevant box)	Supervisor's Deta	ils:	
Full Time		Name:	•	
Contract /Through Outsourcing Agency		Title:		
Outsourcing Agency Details:		Phone No.:		
ame: ddress:		E-mail id:		
el No.:		(Preferably official)		
		HR Manager's De	tails:	
	1.574545.1875	Name:		
escription of Duties:		Phone		
		No.:		
		E-mail id:		
		(Preferably		
		official)		*1

EMPLOYER 3:	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 leavin	g:	
Employment Status: (Please check the relevant	box)	Supervisor's Deta	ils:	
Full Time		Name:	· · · · · · · · · · · · · · · · · · ·	
Contract /Through Outsourcing Agency	Title:	Title:		
		Phone		
Outsourcing Agency Details:		No.:		
Name:	- No.	E-mail id:		
Address:		(Preferably		
Гel No.:		official)		
	HR Manager's Details:			
		Name:		
Description of Duties:		Phone		
bescription of butters.		No.:		
		E-mail id:		
		(Preferably		
	- and the file of the same of	official)		
		10. 10.		

EMPLOYER 4:	Employee Id:	From (mm/s	y):	To (mm/yy):
Street Address:		Employer's Phone	No.:	Remuneration/Salary:
City:	State:	Country:	Pos	tal Code:
Job Title:		Reason for leavi	ng:	
Employment Status: (Please check the relevant	box)	Supervisor's Det	ails:	
☐ Full Time		Name:		
Contract /Through Outsourcing Agency		Title:		
Contract/Introdgit outcook and to		Phone		•
Outsourcing Agency Details:		No.:		
Name:		E-mail id:		
Address:		(Preferably		
Tel No.:		official)		· · · · · · · · · · · · · · · · · · ·
		HR Manager's De	tails:	Harris Carrier
	94.20	Name:		
Description of Duties:		Phone		
The Policy of the contracts		No.:		
		(Preferably		
		official)		
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DECLARATION & LETTER OF A	UTHORIT
	OTHORIZATION
rertify that the statements made in this application are understand that false or misleading information may result in	2.18.03
certify that the statements made in this application are	nell I
, understand that raise of misleading information may result is	valid and complete to the best of
i certify that the statements made in this application are understand that false or misleading information may result in	itermination of employment
If upon investigations, any of this information is found to be subject to dismissal at any time during my employment.	
subject to distrissal at any time during my employment	incomplete or inaccurate. I understand the complete
, suppoyment,	be and cratally that I will be
I horoby suth and	
I hereby authorize the Company and/or any of its subsidiaries on its behalf (TP), to verify the information present investigative report or consumer report of	
investigative), to verify the information process	es or affiliates and any persons or organizations acting
on its behalf (TP), to verify the information present investigative report or consumer report for that purpose.	ented on this application form and to procure ar
e de la compose,	•
I boroby surel	
I hereby grant authority for the bearer of this letter to ac records. In addition, please provide any other pertinent in	Cess or he provided with a training
records. In addition, please provide any other pertinent infauthority.	ormation requested by the individual agreeating th
authority.	the individual presenting the
I hereby release from liability all persons or entities requesting	ng or supplying such information.
 I authorize the Company to contact my present employer. 	Yes No
ed . The second of the second	
 I have read, understand, and by my signature consent to the 	se statements.
And the state of t	
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A Company of the Comp	DATE: 30/4/25.
	3 301 1123
TO IDATAL	
ME (IN.BLOCK LETTERS): HARSH TRIPATHI	
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ATTACHED	Vec / No

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

All details are compulsory

Strictly Private & Confidential