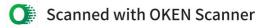
Candidate Information Form

PERSONAL DETAILS					
Name of Applicant:	Surname VAId HYALMAMiddle	VINA YKUMAD First Viving			
Date of Birth (dd/mm	/vv): 21-12-1999				
Sex: M					
	SIVA Kumon.				
Home Phone:	Office Phone:	Mobile: 7032121434			
EMPLOYMENT RECORD: Star	rting with your present or most recent emp	lover please list last 2 ampleuments. When listing any other			

EMPLOYMENT RECORD: Starting	with your present or most re	cent employer please li	st last 2 amplay	monts M	than listing consulting or	
temporary assignments, ur	nder "Employer", state the nam	ne of the consulting or te	mnorary agency	that ala	onen listing consulting or	
Complete and accurate dat	es (month/year) must be provid	led.	imporary agency	that pla	ced you at the client site.	
EMPLOYER 1 (Current):		Employee Id:	From (mm/yy): Employer's Phone No.:		To (mm/yy): Remuneration/Salary:	
Street Address:						
City:	State:	Country:		Postal (Code:	
Job Title:		Reason for leaving:				
Employment Status: (Please check the relevant box) Full Time Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details:				
		Name:				
		Title:				
		Phone No.:				
		E-mail id:				
		(Preferably official)				
		HR Manager's Details:				
		Name:				
Description of Duties:		Phone No.:				
		E-mail id: (Preferably official)				
Current Employment Authority Provided If No When		Yes/No				

All details are compulsory

Strictly Private & Confidential



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

All details are compulsory

Strictly Private & Confidential



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:

NAME (IN BLOCK LETTERS): V. Viraj Kumas

DATE: 26-2-2025

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

