Candidate Information Form

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Name of Applicant: Surname KUMAR	Middle			First D	AWAN
Date of Birth (dd/mm/yy): 0 11 1999					110011(1)
Sex: MALE					
Father's Name: PRADEEP KUMAR G	UPTA				
Home Phone: Office Phone:		Mobile:	870994	581	9
		la la la		Univ	
EMPLOYMENT RECORD: Starting with your present or most r temporary assignments, under "Employer", state the nar Complete and accurate dates (month/year) must be provi	me of the con-	er, please I sulting or t	ist last 2 employ emporary agency	ments. V	When listing consulting or iced you at the client site.
EMPLOYER 1 (Current): HORIBA	Emplo	yee ld:	From (mm/y	y):	To (mm/yy):
	GUS	71	4/3/00	944	13/202
Street Address: CHANDIGARH	1		Employer's Phone No.:		Remuneration/Salary:
City: CHANDIGAR State: CHANDIGARH	Country:	TMDTA		Postal C	Code: 160102
Job Title: FIELD SERVICE ENGINE Employment Status: (Please check the relevant box)	Reason for Supervisor	r leaving:	1000	E 306.4	SELLS
☑ Full Time	Name:				
Contract /Through Outsourcing Agency	Title:	del car			
Outsourcing Agency Details: Name:	Phone No.:	:			
Address:	(Preferably	THE RESERVE OF THE PERSON NAMED IN	Philadelphia	40 51	
Tel No.:	HR Manage	er's Details	*	Barre San	
Description of Duties:	Phone No.:			7:44	
	E-mail id: (Preferably	- 東京会社			
Current Employment Authority Provided If No When	Ves/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/Salar	
City:	State:	Country:	Po	stal Code:	
Job Title:	Title:		Reason for leaving:		
Employment Status: (Please check the relevant box)		Supervisor's Details:			
Full Time Contract /Through Outsourcing Agency		Name:	Particular State of the last o		
		Title:	N et	gried three Controls	
Outsourcing Agency Details: Name: Address: Tel No.:		Phone No.:			
		E-mail id: (Preferably official)			
		HR Manager's D	etails:		
December of Dark		Name:	MAIL.		
Description of Duties:		Phone No.:			
		E-mail id: (Preferably official)			

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 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 a 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:

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

All details are compulsory

NAME (IN BLOCK LETTERS): PAWAN KUMAR

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DATE: 27 /02/2025