Candidate Information Form

	ERSONAL DETAILS	i first i Tuncul
Name of Applicant: Surname KUMAR	Middle	First VIKASH
Date of Birth (dd/mm/yy): 18-04-200	00	
Sex: MALE		
Father's Name: SHIVBALAK RA		
Home Phone: Office Phone:	Mobile:	6299238302
7571087504		il-
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		
EMPLOYER 1 (Current):	Employee id:	1 - 10000 -1 110-025
SEVEN HILLS TELECOM.P. Street Address:	10	// Employer's Remuneration/Sala
Street Address: PCOT, 221, RRPLOT, ANATO	DPUR KOLK,	A Phone No.:
State:	Country:	Postal Code:
City: State: WEST BENGAL	+ $1ND11$	4 400701
DOB TITLE: R. F. ENGITNEER	Reason to	
Employment Status: (Please check the relevant box)	Supervisor's Detail	ls:
	Name:	DEEPAK KUMAK
Full Time Contract /Through Outsourcing Agency	Title:	PROJECT MANAGE
Contract / Illiough Outsourching / general	Phone No.:	9709768324
Outsourcing Agency Details: Name:	E-mail id: (Preferably official)	dirak.ghogh@gmairam
Address:	HR Manager's Deta	ails:
Tel No.:	Name:	seb manda
Description of Duties:	Phone No.:	87997 35613- delmandal @ gmay i-com
Description of Duties:		A. I to at A - V (C) Shall be to an
Description of Duties:	E-mail id: (Preferably official)	Derwarden 6 Juni 1-1000

All details are compulsory

Strictly Private & Confidential

EMPLOYER 2:	Employee Id:	From (mm/yy):	To (mm/yy):	
UNFINFO Telecom.	UNITEL	Dec	2021	JAN 20284	
Street Address: 402-409 CHETAKCENTR RHARN		Employer's Phone No.:		Remuneration/Salary:	
City: CHAORE	State: M · P	Country:	Control of the State of the Sta	stal Code: 5200L	
Job Title: RF ENLINEER.	Reason for leaving: NROWTH CHANHENH,				
Employment Status: (Please check the relevant box)		Supervisor'	s Details:		
Full Time		Name:	YADU	MEHPRAKAM + Managen	
Contract /Through Outsourcing Agency		Title:	PROJect manager		
Outsourcing Agency Details:		Phone No.:		. 83 000	
Name:		E-mail id:	Yody W	undra, kamel	
Address: Tel No.:			6 41	rendra, kamal ui-info.co.i'n	
		HR Manager's Details:			
		Name:	Roses	3 Shawn'	
Description of Duties:		Phone No.:			
		E-mail id: (Preferably	Rasy	h, sahan'l	
	1100	official)	uni-	ing. a l	

DECLARATION & LETT	ER OF	AUTH	ORIZA	ATION
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- 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: _ 08/06/025

NAME (IN BLOCK LETTERS): VIKASH KUMAR

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