## **Candidate Information Form**

	P	ERSONAL DETAILS		
Name of Applicant:	Surname: <b>Kashyap</b>	Middle		First: <b>Dinesh</b>
Date of Birth (dd/mm/	уу): <b>25-5-2003</b>			
Sex: Male		3		
Father's Name: <b>Shivrar</b>	n Kashyap	200		
Home Phone: Office Phone:		Mobil	le: <b>8445367419</b>	
temporary assignments,		me of the consulting		ments. When listing consulting or that placed you at the client site.
EMPLOYER 1 (Current)		Employee Id:	From (mm/y	/y): To (mm/yy):
Street Address:			Employer's Phone No.:	Remuneration/Salary:
City:	State:	Country:		Postal Code:
Job Title:		Reason for leavi	ng:	
Employment Status: (Please check the relevant box)		Supervisor's Det	ails:	

All details are compulsory

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:	Details.		
Description of Duties:	Phone No.:			
	E-mail id:			
	(Preferably offic	cial)		
Current Employment Authority Provided If	y /h			
No When	Yes/No			
	Employee Id:	From (mm/y	/y):	To (mm/yy):
EMPLOYER 2:				
EMPLOYER 2:				Remuneration/Salar
		Employer's Phone	e No.:	Kemuneration/Sala
	State:	Employer's Phone Country:		stal Code:
Street Address:	State:		Pos	
Street Address: City:		Country:	Posing:	

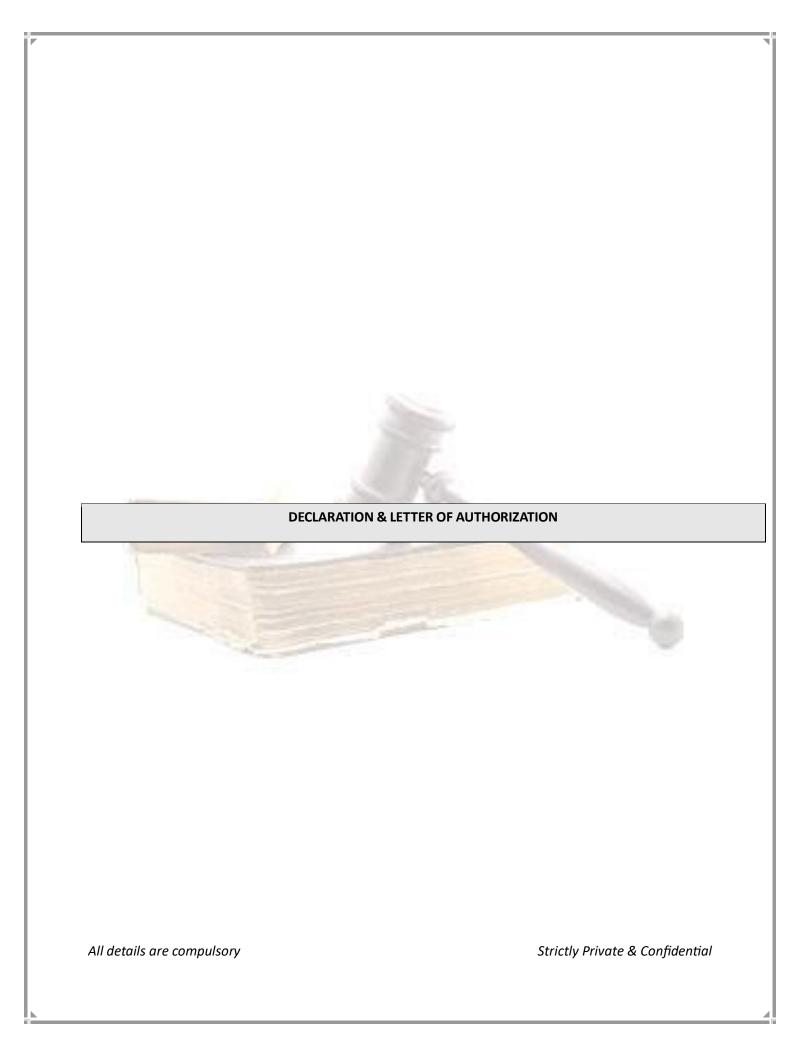
All details are compulsory

☐ Full Time		Name		
Contract /Through Outsourcing Agency		Name: Title:		
Outsourcing Agency Details:		Phone No.:		
Name: Address: Tel No.:		E-mail id: (Preferably official)		
		HR Manager's De	etails:	
		Name:		
Description of Duties:		Phone No.:		
	E-mail id:			
		(Preferably official)		
EMPLOYER 3:	Employee Id:		y):	To (mm/yy):
EMPLOYER 3:  Street Address:	Employee Id:	official)		To (mm/yy): Remuneration/Sa
	Employee Id:	official)  From (mm/y	No.:	

npui. Uly lly Flivale & Coll

<b>Employment Status:</b> (Please check the relevant box	<i>:</i> )	Supervisor's	Details:	
☐ Full Time				
Contract /Through Outsourcing Agency		Name:		
		Title:		
Outsourcing Agency Details: Name:		Phone		
Address:		No.:		
Tel No.:		E-mail id: (Preferably		
		official)		
		HR Manager	's Details:	
	300	Name:		
Description of Duties:		Phone	-	
		No.: E-mail id:		
		(Preferably		
		official)	- 1	
	The same of			7(6)
-				
	1			T
EMPLOYER 4:	Employee ld:	From (m	m/yy):	To (mm/yy):
		Employer's Ph	none No.:	Remuneration/Sala
Street Address:				

City:	State:	Country:	Postal Code:	
ob Title:		Reason for leavin	Reason for leaving:	
Employment Status: (Please check the relevant box)		Supervisor's Deta	Supervisor's Details:	
☐ Full Time				
Contract /Through Outsourcing Agency		Name:		
		Title:		
Outsourcing Agency Details: Name:		Phone		
Address:		No.:		
Tel No.:		E-mail id:		
		(Preferably		
		official)		
		HR Manager's De	tails:	
		Name:		
Description of Duties:		Phone	360	
		No.:		
	Name and Address of the Owner, when the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which	E-mail id:		
	(Preferably			
		official)		



•	I certify that the statements made in this application are valid and complete to the best of my knowledg 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 wil subject to dismissal at any time during my employment.
•	I hereby authorize <b>the Company</b> and/or any of its subsidiaries or affiliates and any persons or organizations acting its behalf ( <b>TP</b> ), to verify the information presented on this application form and to procure an investigate 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 reco 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
•	I have read, understand, and by my signature consent to these statements.

All details are compulsory

SIGNATURE: Dinell	DATE: <b>09-06-2025</b>
NAME (IN BLOCK LETTERS): <b>DINESH KASHYAP</b>	

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



All details are compulsory