

Candidate Information Form

PERSONAL DETAILS			
Name of Applicant:	Surname Pal	Middle	First Nishtha
Date of Birth (dd/mm/yy):	25-10-1999		
Sex:	Female		
Father's Name:	sh. Brahmpal Singh		
Home Phone: 9810660573	Office Phone:	Mobile: 9953985842	

EMPLOYMENT RECORD: Starting with your present or most recent employer, please list last 2 employments. When listing consulting or temporary assignments, under "Employer", state the name of the consulting or temporary agency that placed you at the client site. Complete and accurate dates (month/year) must be provided.

EMPLOYER 1 (Current):		Employee Id:	From (mm/yy):	To (mm/yy):
BALT Services Private Limited		BSIT0188	Jan/2022	Feb/2024
Street Address: B-48, 1st Floor, Sec-63, Noida, U.P., 201301			Employer's Phone No.:	Remuneration/Salary:
			9319311003	
City: Noida	State: Uttar Pradesh	Country: India	Postal Code: 201301	
Job Title: HR Recruiter		Reason for leaving: Career growth		
Employment Status: (Please check the relevant box)		Supervisor's Details:		
<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency				
Outsourcing Agency Details:				
Name:		Name: Mr. Sanjay Sangal		
Address:		Title: Manager		
Tel No.:		Phone No.: 9319311003		
		E-mail id: (Preferably official) SanjaySangal.bali@gmail.com		
		HR Manager's Details:		
		Name: Sanjay Sangal		
		Phone No.: 9319311003		
		E-mail id: (Preferably official) SanjaySangal.bali@gmail.com		
Description of Duties: Recruitment				
Current Employment Authority Provided If No When		Yes/No		

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 ☐ No
- I have read, understand, and by my signature consent to these statements.

SIGNATURE:

Nishtha

DATE: 14-May-2024

NAME (IN BLOCK LETTERS):

NISHTHA PAL

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

All details are compulsory

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