Candidate Information Form

PERSONAL DETAILS

Middle: Lalman

Date of Birth (dd/mm/yy): 19/09/2002						
Sex: Female						
Father's Name: Lalman Pa	al					
Home Phone: 771098830	2 Office Phone:	Mobi	Mobile: 7710988302			
EMPLOYMENT RECORD: Starting	with your present or most re	ecent employer, plea	ase list last 2 employments	. When listing consulting or		
	der "Employer", state the nan					
	es (month/year) must be provi		or temporary agency that	placed you at the thene site.		
complete and accurate date	is (month, year) must be provi	ucu.				
EMPLOYER 1 (Current): GreenPoint Technology		Employee Id	: From (mm/yy):	To (mm/yy):		
		P3286	11/12/2023	03/05/2024		
		. 0200	,,	33, 33, 232 .		
Street Address: Unit no. T	241, 4 th Floor, Tower 10, Int	ernational Technol	ogy Employer's	Remuneration/Salary:		
Center, C.B.D. Belapur Station Complex, Navi Mumbai			Phone No.:	1,93,000		
			+91-22-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
V.			67120704			
City: Navi Mumbai	State: Maharashtra	Country: India	Post	al Code: 400614		
		TO STATE OF STREET				
Job Title: Trainee Data A	Job Title: Trainee Data Analayst		Reason for leaving: Work is not related to my field			
	nalavst	Reason for leavi	ng: Work is not related t	o my field		
	nalayst	Reason for leavi	ng: Work is not related t	o my field		
Employment Status: (Ple			- 1	o my field		
	ase check the relevant box)	Reason for leave	- 1	o my field		
☑ Full Time	ase check the relevant box)		- 1	o my field		
	ase check the relevant box)	Supervisor's Det	- 1	o my field		
☑ Full Time	ase check the relevant box) tsourcing Agency	Supervisor's Det Name: Title:	- 1	o my field		
☑ Full Time ☐ Contract /Through Ou	ase check the relevant box) tsourcing Agency	Supervisor's Det Name: Title: Phone No.:	- 1	o my field		
☑ Full Time☐ Contract /Through OuOutsourcing Agency Detail	ase check the relevant box) tsourcing Agency	Supervisor's Det Name: Title: Phone No.: E-mail id:	ails:	o my field		
✓ Full Time Contract /Through Ou Outsourcing Agency Deta Name:	ase check the relevant box) tsourcing Agency	Supervisor's Det Name: Title: Phone No.: E-mail id: (Preferably official)	ails:	o my field		
✓ Full Time	ase check the relevant box) tsourcing Agency	Supervisor's Det Name: Title: Phone No.: E-mail id:	ails:	o my field		
✓ Full Time	ase check the relevant box) tsourcing Agency	Supervisor's Det Name: Title: Phone No.: E-mail id: (Preferably officity HR Manager's D Name:	ails: al) etails:	o my field		
✓ Full Time	ase check the relevant box) tsourcing Agency	Supervisor's Det Name: Title: Phone No.: E-mail id: (Preferably officit HR Manager's D Name: Phone No.:	ails: al) etails: Senthil Kumar			
✓ Full Time	ase check the relevant box) tsourcing Agency	Supervisor's Det Name: Title: Phone No.: E-mail id: (Preferably offici HR Manager's D Name: Phone No.: E-mail id:	ails: al) etails: Senthil Kumar s.kumar@greenpointg			
✓ Full Time	ase check the relevant box) tsourcing Agency	Supervisor's Det Name: Title: Phone No.: E-mail id: (Preferably officit HR Manager's D Name: Phone No.:	ails: al) etails: Senthil Kumar s.kumar@greenpointg			
✓ Full Time Contract /Through Ou Outsourcing Agency Deta Name: Address: Tel No.: Description of Duties:	ase check the relevant box) tsourcing Agency	Supervisor's Det Name: Title: Phone No.: E-mail id: (Preferably offici HR Manager's D Name: Phone No.: E-mail id:	ails: al) etails: Senthil Kumar s.kumar@greenpointg			
☐ Full Time ☐ Contract /Through Ou Outsourcing Agency Deter Name: Address: Tel No.: Description of Duties: Current Employment Aut	ase check the relevant box) tsourcing Agency	Supervisor's Det Name: Title: Phone No.: E-mail id: (Preferably offici HR Manager's D Name: Phone No.: E-mail id: (Preferably offici	ails: al) etails: Senthil Kumar s.kumar@greenpointg			
✓ Full Time Contract /Through Ou Outsourcing Agency Deta Name: Address: Tel No.: Description of Duties:	ase check the relevant box) tsourcing Agency	Supervisor's Det Name: Title: Phone No.: E-mail id: (Preferably offici HR Manager's D Name: Phone No.: E-mail id:	ails: al) etails: Senthil Kumar s.kumar@greenpointg			

All details are compulsory

Name of Applicant:

Surname: Pal

Strictly Private & Confidential

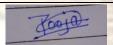
First: Pooja

		ı			
EMPLOYER 2: Media Explorain Infotech	Employee Id:	From (mm/yy):		To (mm/yy):	
		07/2023		11/2023	
Street Address: Seawoods		Employer's Phon	e No.:	Remuneration/Salary:	
	1				
City: Navi Mumbai	State: Maharashtra	ashtra Country: India		Postal Code:	
Job Title: Web developer	Reason for leaving: Internship				
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.:			
		E-mail id:			
		(Preferably			
The second secon		official)			

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:



DATE: 06/05/24

NAME (IN BLOCK LETTERS): POOJA PAL

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

All details are compulsory

Strictly Private & Confidential

