Candidate Information Form

PERSONAL DETAILS

Name of Applicant: Surname	Middle SUMAS	MACNINC	DRAHATH
Date of Birth (dd/mm/yy): 23/04/1986			
Sex: Mall			
Father's Name: Gaissi wel machindre	noth Maruti		
Home Phone: Office Phone:	Mobile:	99878992	212
EMPLOYMENT RECORD: Starting with your present or most retemporary assignments, under "Employer", state the name Complete and accurate dates (month/year) must be provided.	ne of the consulting or te		
EMPLOYER 1 (Current):	Employee Id:	From (mm/yy):	To (mm/yy):
EPSoft Product Pro Hed			
Street Address: Med No 602-603, 6th-floor, V one BJP 07-lice, Kukatpally	ijay sai Towers	Employer's Phone No.:	Remuneration/Salary:
opp. BJP ottice, Kukatpully City: State: Nyedrabad hyedrabad	Country: India	Posta	al Code:
Job Title: Executive &ssistant	Reason for leaving:	Rulocution	, .
Employment Status: (Please check the relevant box)	Supervisor's Details:		
Full Time	Name:	Mr. Roj	
Contract /Through Outsourcing Agency	Title:	MR Manuger	
Outsourcing Agency Details:	Phone No.:		
Name: Address:	E-mail id: (Preferably official)	epsetthr@epsettinc.com	
Tel No.:	HR Manager's Details	s:	
	Name:	-	luxametho
Description of Duties:	Phone No.:	040-4683	4973
supposting enecting teams coordinating meetings managing alineary.	E-mail id: (Preferably official)	hrindia @epsotfine com	
Current Employment Authority Provided If No When	Yes/Nø		

EMPLOYER 2:	Employee Id:	From (m	nm/yy):	To (mm/yy):
marques Technologies	10791	Jan 2	013	Jan 2022
Street Address: 803 854 Mergins Tech Repa	suidaire par	Employer's P	hone No.:	Remuneration/Salary:
mehape plan mumbai	State: mahoroghtro	Country:		ostal Code: 4 ov H o
Job Title: Gramm Enecutive		Reason for SIKIM	leaving: Deve	lopment
Employment Status: (Please check the relevant box)	Supervisor's	s Details:	
Full Time		Name:	Amal	shirke
Contract /Through Outsourcing Agency		Title:		nts manager
Outsourcing Agency Details:		Phone No.:		
Name: Address:		E-mail id:	ashirk.	e @ merquistah
Tel No.:		(Preferably official)		com
		HR Manage	r's Details:	
		Name:	HR D	reportment
Description of Duties: Domestic & Internation fin operation	, and	Phone No.:	4155	eportment 5 4503
aperadism		E-mail id:		
o par accer-		(Preferably		
		official)		

EMPLOYER 3:	Employee Id:	From (n	nm/yy):	To (mm/yy):	
Mongal Trading Bon Port Hd		Jana	2010	Sept RO12	
Street Address: 983/384/913 Great Estem Summi	& Sec 15 Billy w	Employer's P	hone No.:	Remuneration/Salary:	
City: CB.D Belapur	State: Mahura Statra	Country:	Po	stal Code:	
Job Title: Enecutive		Reason for	leaving:	with	
Employment Status: (Please check the relevant box,		Supervisor's	s Details:		
Full Time Contract /Through Outsourcing Agency		Name:	mr Ramamurthy		
		Title:	mor Ramamusthy,		
Outsourcing Agency Details:		Phone No.:			
Address: Tel No.:		E-mail id: (Preferably official)	mes	evenh, com	
		HR Manager's Details:			
		Name:	nr De	partment	
Description of Duties:		Phone			
Au day to day admin we	M	No.:			
for day to day admin we tracking corrier & prosecutions we of all ottors	tagk guest hol	E-mail id: (Preferably	hows	event. com	
0)				

EMPLOYER 4:	Employee Id:	From (mm/yy):	To (mm/yy):
M/P				
Street Address:		Employer's Phone	No.:	Remuneration/Salary:
City:	State:	Country:	Po	stal Code:
Job Title:		Reason for leavin	g:	
Employment Status: (Please check the relevant box	:)	Supervisor's Deta	ils:	
Full Time		Name:		
Contract /Through Outsourcing Agency		Title:		
		Phone		
Outsourcing Agency Details: Name:		No.:		
Address:		E-mail id:		
Tel No.:		(Preferably official)		
		HR Manager's Details:		
		Name:		
Description of Duties:	Application of	Phone		
		No.:		
		E-mail id:		
		(Preferably		
		official)		
		The state of the s		

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 <i>the Company</i> to contact my present employer.
I have read, understand, and by my signature consent to these statements.
DATE: 03/06/2025
NAME (IN BLOCK LETTERS): ROTKWAD SUNAS MACH IMPRAMATY

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

All details are compulsory

Strictly Private & Confidential