Candidate Information Form

PERSONAL DETAILS			
Name of Applicant:	Surname: Paul	Middle: C	First: Basil

Date of Birth (dd/mm/yy): 09-03-1993	
Sex: MALE	
Father's Name: PAULOSE CP	
Home Phone: Office Phone:	Mobile: 7045853757

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): quest global		**Employee Id: 1032423**	From (mm/yy):01-03-2021	To (mm/yy): 16-05-2025
Street Address: Primrose Tower Block 7B Embassy Tech Village Road, Marathahalli - Sarjapur Outer Ring Rd, Devarabisanahalli, Sarjapura, Bengaluru, Karnataka 560103			Employer's Phone No.:	Remuneration/Salary: 15 lpa
City: Mumbai	State: Maharashtra	Country: India		Postal Code: 560103
Job Title: Senior devops engineer		**Reason for leaving: carrier change**		

Employment Status: *(Please check the relevant box)*	**Supervisor's Details:**	
☑ *Full Time ☐ Contract /Through Outsourcing Agency ***Outsourcing Agency Details:*** Name: Address: Tel No.:	**Name:**	
	Title:	
	Phone No.:	
	E-mail id: *(Preferably official)*	
	HR Manager's Details:	
	Name:	
Description of Duties: **Server and application management**	**Phone No.:**	
	E-mail id: *(Preferably official)*	
Current Employment Authority Provided If No When	Yes/No	

All details are compulsory   *Strictly Private & Confidential*

EMPLOYER 2: 3i infotech	Employee Id: 76528	From (mm/yy): 01-04-2018	To (mm/yy): 28-02-2021
Street Address: International Infotech Park, Vashi Railway Station Complex Tower #5, 3rd Floor & Tower #6, 6th Floor, Vashi, Navi Mumbai, Maharashtra 400703		Employer's Phone No.:	Remuneration/Salary: 4 lpa
City:mumbai	State:maharashtra	Country:india	Postal Code: 400703

Job Title: Senior System Administrator	Reason for leaving: carrier change

Employment Status: *(Please check the relevant box)*

☐ *Full Time
☐ Contract /Through Outsourcing Agency

Outsourcing Agency Details:
Name:
Address:
Tel No.:

Supervisor's Details:	
Name:	
Title:	
Phone No.:	
E-mail id: *(Preferably official)*	
HR Manager's Details:	
Name:	
Phone No.:	
E-mail id: *(Preferably official)*	

Description of Duties: Provide support to client

EMPLOYER 3:	Employee Id:	From (mm/yy):	To (mm/yy):
Street Address:		Employer's Phone No.:	Remuneration/Salary:
City:	State:	Country:	Postal Code:

Job Title:	Reason for leaving:

Employment Status: *(Please check the relevant box)*	Supervisor's Details:	
☐ Full Time ☐ Contract /Through Outsourcing Agency	**Name:**	
	Title:	
Outsourcing Agency Details:	**Phone No.:**	
Name: Address: Tel No.:	**E-mail id:** *(Preferably official)*	
	HR Manager's Details:	
	Name:	
Description of Duties:	**Phone No.:**	
	E-mail id: *(Preferably official)*	

All details are compulsory   *Strictly Private & Confidential*

EMPLOYER 4:		Employee Id:	From (mm/yy):	To (mm/yy):
Street Address:			Employer's Phone No.:	Remuneration/Salary:
City:	State:	Country:		Postal Code:

Job Title:	Reason for leaving:

Employment Status: *(Please check the relevant box)*	**Supervisor's Details:**	
☐ Full Time ☐ Contract /Through Outsourcing Agency	**Name:**	
	Title:	
Outsourcing Agency Details: Name: Address: Tel No.:	**Phone No.:**	
	E-mail id: *(Preferably official)*	
	HR Manager's Details:	
	Name:	
Description of Duties:	**Phone No.:**	
	E-mail id: *(Preferably 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 th at 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:	
Basil.	DATE:19-05-2025
NAME (IN BLOCK LETTERS):BASIL C PAUL	

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*