Candidate Information Form

	P	ERSONAL D	ETAILS		
Name of Applicant:	Surname St. 09k	Middle Kumay		Fir.	st
Date of Birth (dd/mm,	Singh 144): 25/11/1993	1007/47			1 6 6
Sex: Ma	rle				
Father's Name:	Tora lal Birgh				
Home Phone:	Office Phone:		Mobile:	79036652	15
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temporary assignments,	ting with your present or most r , under "Employer", state the nar dates (month/year) must be provi	me of the con			
	retwork PV7 LTD.	TNPLI	yee ld: 12384C	From (mm/yy): 4/08/17	To (mm/yy): 31/08/21
A DESCRIPTION OF THE PROPERTY	Party flot vastrapur	Carlo Control	Beling	Employer's Phone No.:	Remuneration/Salary: 24,497
City:	State:	Country:		Po	ostal Code:
Job Title: Kr. Dr	ire Test Boy.	Reason fo	r leaving:		
Employment Status: (Please check the relevant box)		Supervisor's Details:			
Full Time		Name:		Sneh Ka	T/
Contract /Through Outsourcing Agency		Title:		Project 1	Yangger .
Outsourcing Agency Details:		Phone No	:	Project Manager 8511115080	
Name:	ctuns.	E-mail id:	<i>cc:</i> 11		
Address:		(Preferably	er's Details	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Tel No.:		Name:	er s Details		
Description of Duties:		Phone No.	:		
		E-mail id:			
Current Employment A If No When	Authority Provided	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. understand that false or misleading information may result in termination of employment. 	1					
 If upon investigations, any of this information is found to be incomplete or inaccurate, I understand that I will b subject to dismissal at any time during my employment. 	e					
 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. ✓ Yes						
I have read, understand, and by my signature consent to these statements.						
NAME (IN BLOCK LETTERS): SUNIL KUMAR SINGH DATE: 17/8/21						

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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