

## **Candidate Information Form**

Please fill in the details with utmost attention, as these shall be verified by the Company and/ or by its authorized representatives.

PERSONAL DETAILS							
Name of Applicant: Fir	st: Suraj	Middle	Datta Surname Waghade				
Date of Birth (dd/mm/yy): 0	2/12/1996		Place of Birth: Madnapur				
Sex: Male			Nationality: Indian				
Father's Name: Datta	UAN No.: 10183694	42614	Passport No.: X4529060				
Home Phone: Office Phone:			Mobile: 8308682502				

RESIDENTIAL ADDRESSES						
Permanent Address: At Post Madnapur Taluka Mahur Dist Nanded						
			The second second			
State: Maharashtra		Pin Code: 431721	Phone No.: 8308682502			
Duration of Stay: From (mm/y1/2/96 To (mm/yy) 12/18			d <b>Y</b> 0wn □ Other (Specify			
	Post Madnapur Taluka State: Maharashtra	State: Maharashtra	State: Maharashtra  Pin Code: 431721			

sector	House No - 98/005, Flat No - 404, Vighnaharta Appartment sector 19 B, kopar khairane Navi Mumbai, MAHARASHTRA 400709 India				
City: Navi Mumbai	State: Maharashtra		Pin Code: 400709	Phone No.: 8308682502	
Duration of Stay: From (min.6/2)2 To (min.day)e			ture of location: 🛂 Rented [	Own Other (Specify)	

All details are compulsory

Strictly Private & Confidential

	Education Details						
	Name of	NAME & ADDRESS OF	Course	3.5	DATES A	ATTENDED	Roll
QUALIFICATION	NAME & ADDRESS OF SCHOOL / COLLEGE/ INSTITUTE	BOARD / UNIVERSITY TO WHICH THE SCHOOL / COLLEGE / INSTITUTE IS AFFILIATED TO	ATTENDED (MORNING/ EVENING/ CORRESPONDE NCE)	MARKS (%) CGPA & CLASS	YEAR OF ENROLM ENT (MM/YY	YEAR PASSED (MM/YY)	Number/ Registration Number/ Exam Seat Number
10тн	CSMHS Madnapur	MSBOSAHSE Pune	Morning	77.27		03/12	L074301
12 <sup>тн</sup>	SPMAUMV Anjankhed	MSBOSAHSE Pune	Morning	54.77		02/14	T007304
GRADUATION  DEGREE:	AVBIT Pawnar	RTMNU Nagpur	Morning	9.07		06/18	789452
DISCIPLINE:	Wardha						
Full Time Part time Distance learning course							
Post Graduation							
DEGREE:							
DISCIPLINE:  Full Time Part time Distance learning course							
ANY OTHER DIPLOMA 1							
Any Other Diploma 2							

All details are compulsory

Strictly Private & Confidential

EMPLOYER 1 (Current):

EMPLOYER 1 (Current):		Employee Id:	From		To (mm/yy):	
KAIRVAM ELECTONICS INDIA PVT LTD		SDT50701	(mm/yy): 10/23		01/25	
Street Address: 811, A NEW I	SHOKA ESTATE, BAF DELHI-110001	RAKHAMBA ROAI	Employer's Phone No.: 011 4359	6898	Remuneration/Salary: 7,79,806.00 LPA	
City: New Delhi	State: DELHI	Country: INDIA		Postal (	Code: 110001	
Job Title: Test Engi	neer	Reason for leaving	Proffesion	nal Gro	wth	
<b>Employment Status:</b> (I box)	<b>Employment Status:</b> (Please check the relevant		Supervisor's Details:			
		Name:	Huang Yun Xian			
Full Time		Title:	Project Manager			
Contract /Through Outsourcing Agency		Phone No.:	+86 15817316980			
Outsourcing Agency Details: Name:		E-mail id: (Preferably official)	huangyunxian@skyworth.com			
Address:		HR Manager's Details:				
Tel No.:		Name:	Anil Wadhwa			
Description of Duties:	The second second	Phone No.:	9810128922			
ODCPE Testing		E-mail id: (Preferably official)	anil@skyworthdigital.com		gital.com	
Current Employment Authority Provided If No When		Yes/No	Yes			

EMPLOYER 2:	Employee Id:	From (n	nm/yy):	To (mm/yy):	
MARQUIS TECHNOLOGIES PVT. LTD	06/2	22	10/23		
Street Address: 804/805, Rupa Solitaire P Plot 2, 8th Floor, Millennium Business F		Employer's Phone No.: Remuneration/Sa 457626.00 LP			
City: Navi Mumbai	State: Maharashtra	Country: India		tal Code: 400710	
Job Title: Test Engineer		Reason for	leaving: P	Proffesional Growth	
<b>Employment Status:</b> (Please check the relevant	box)	Supervisor's Details:			
<b>✓</b> Full Time		Name:	Ranjit Ma	Kumar	
Contract /Through Outsourcing Agency		Title:	Manager		
Outsourcing Agency Details: Name:		Phone No.:	ne 7738742808		
Address: Tel No.:	E-mail id: (Preferably official) Ranjit.Ma.Kumar@ril.com				
		HR Manager's Details:			
		Name:	Nisha Pol		
Description of Duties:	Phone No.:	75064618	822		
Device Testing	E-mail id: (Preferably official)	npol@ma	arquistech.com		

EMPLOYER 3: Metro Telworks Pvt. Ltd.	Employee Id:	From (n	nm/yy):	To (mm/yy):	
Mode Follworks I VI. Etd.	MT-W-3081	12/18		05/22	
Street Address: A-4 & 5, First Floor, Safal Profi , Auda Garden, Prahlad Nagar, Ahmedabad -		ф,mployer's +91(79)	Æmployer's Phone No.: Remuneration/Sala +91(79) 40264444 221556 /- p.a		
City: Ahmedabad	State: Gujrat	Country:	ndia Post	tal Code: 380015	
Job Title: DT Engineer		Reason for	leaving: P	rofessional Growth	
Employment Status: (Please check the relevant	box)	Supervisor's Details:			
<b>✓</b> Full Time		Name:	Brijesh Tiwari		
Contract /Through Outsourcing Agency		Title:	Manager		
Outsourcing Agency Details: Name:		Phone No.:	8573091988		
Address: Tel No.:	E-mail id: (Preferably official)	(Preferably Brijesn.tiwari@metroteiworks.com			
		HR Manager's Details:			
	10000	Name:	Saffan Soja	twala	
Description of Duties:		Phone No.:	722699844	0	
Device Testing		E-mail id: (Preferably official)	Saffan.Soja om	twala@metrotelworks.c	

EMPLOYER 4:	Employee Id:	From (mm/y	y):	To (mm/yy):
Street Address:		Employer's Phon	Remuneration/Salary:	
City:	State:	Country:	Pos	tal Code:
Job Title:		Reason for leav	ing:	
<b>Employment Status:</b> (Please check the relevant	box)	Supervisor's De	tails:	
Full Time		Name:		
Contract /Through Outsourcing Agency		Title:		
Outsourcing Agency Details: Name: Address: Tel No.:	Phone No.: E-mail id: (Preferably official) HR Manager's D	etails:		
Description of Duties:		Name: Phone		
bescription of buties.		No.:		
	3	E-mail id: (Preferably official)		

## References Details (Except The Family Person & Blood Relation)

Name	Contact No.	Company	Designation	Relationship with the referee
Shridhar Ingavale	9503061055	KAIRVAM ELECTONIC INDIA PVT LTD	S Application Engineer	Work Partner
Pappu Kumar	9591148910 <sup>N</sup>	ARQUIS TECHNOLOGI PVT LTD	ES Test Engineer	Work Partner

All details are compulsory

Strictly Private & Confidential

DECLARATION & LETTER OF AUTHORIZATION
<ul> <li>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.</li> </ul>
• 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 <i>the Company</i> and/or any of its subsidiaries or affiliates and any persons or organizations acting on its behalf ( <b>TP</b> ), to verify the information presented on this application form and to procure an investigative report or consumer report for that purpose.
<ul> <li>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.</li> </ul>
• 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 □ No
I have read, understand, and by my signature consent to these statements.
SIGNATURE:

NAME (IN BLOCK LETTERS): SURAJ WAGHADE

All details are compulsory

Strictly Private & Confidential

DATE: 19/12/2024

DOCUMENTS REQUIRED (COMPULSORY)	ATTACHED YES / NO
Completed & Signed Application Form	
Copy of Relevant Education Certificates	
One Passport Size Photograph	
Current Address Proof (if stay at current address > 6 months) else Longest Stay Address Proof.	
<b>Please note:</b> Your name should be mentioned on the address proof.	
Accepted address proofs: MTNL Bill / Electricity Bill/ Copy of Rent Agreement/ Passport/ Voter Id/ Driving License /Aadhaar Card.	
Copy of all past Employment Appointment & Relieving Letters / Salary Slips with employee code	
Copy of Aadhar	
Copy of PAN	