

Candidate Information Form

PERSONAL DETAILS			
Name of Applicant: Surname		Middle	First
MURALEEDHARAN			VAISHAKH
Date of Birth (dd/mm/yy):		08/01/2000	
Sex: MALE		Nallayathue House Vennmoney P.O Chengannur - Alapuzha (689509)	
Father's Name: MURALEEDHARAN NAIR VB			
Home Phone:	Office Phone:	Mobile: 9946049156	

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): Innostas Incorporation Private Limited		Employee Id: 869198	From (mm/yy): 04/24	To (mm/yy): 10/25
Street Address: Neduvamattu Innostas Building Toll Jn. Pipeline Rd, Behind Windsor Rajadhani Hotel, Tvm		Employer's Phone No.: 9946049156	Remuneration/Salary: 1.8 LPA	
City: Thiruvandrum	State: Kerala	Country: India	Postal Code: 695003	
Job Title: Business Associate		Reason for leaving: I've been offered a role that aligns better with my long term Career Goals		
Employment Status: (Please check the relevant box)		Supervisor's Details:		
<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		Name: Venugopal Nair		
Outsourcing Agency Details:		Title: Managing Director		
Name:		Phone No.: 9544086796		
Address:		E-mail id: Venuhdfc1961@gmail.com		
Tel No.:		(Preferably official)		
Description of Duties: Managing Various Business Related tasks and duties		HR Manager's Details:		
		Name: Navneeth K		
		Phone No.: 7904023481		
		E-mail id: vm4175A1@gmail.com		
		(Preferably official)		
Current Employment Authority Provided If No When		Yes/No	YES	

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. 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:

Vaishakh M

DATE: 11/02/2025

NAME (IN BLOCK LETTERS): VAISHAKH M

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

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