

Candidate Information Form

PERSONAL DETAILS			
Name of Applicant: Surname		Middle	First
KUMAR			AVHASH
Date of Birth (dd/mm/yy):			
02/10/1994			
Sex:			
MALE			
Father's Name: BANDESHWAR P. YADAV			
Home Phone:	Office Phone:	Mobile:	
6202458973		8210358381	

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): UNICENFO Telecom Service LTD.		Employee Id: UNITEC 3305	From (mm/yy): 05/08/2015	To (mm/yy): 29/04/2023
Street Address: 402-404 CHETAK CENTRE 12/2 RIT MARY		Employer's Phone No.:	Remuneration/Salary:	
City: INDORE	State: M.P	Country: INDIA	Postal Code: 452001	
Job Title: RF ENGINEER		Reason for leaving:		
Employment Status: (Please check the relevant box) <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		Supervisor's Details:		
Outsourcing Agency Details: Name: Address: Tel No.:		Name: YADUWENDRA KAMAL		
		Title: PROJECT MANAGER		
		Phone No.: 910911 8200		
		E-mail id: (Preferably official) yaduwendra.kamala@uni-info.co.in		
Description of Duties:		HR Manager's Details:		
		Name: Rajesh Sahani		
		Phone No.:		
		E-mail id: (Preferably official) Rajesh.Sahani@uni-info.co.in		
Current Employment Authority Provided If No When		Yes/No	140	

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: Arinagh

AVENASIT KUMAR

NAME (IN BLOCK LETTERS):

DATE: 02/05/2023

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

All details are compulsory

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