## **Candidate Information Form**

	PE	RSONAL	DETAILS				
Name of Applicant: Surname		Middle	KUMA	R F	irst	SHIVAM	
Date of Birth (dd/mm/yy)	01/03/20	00				на често вобрано в сворит подвето на пред от поводене под сторите до под сторите	
Sex:	Male						
Father's Name: NAB	IN KUMAR MIS	SHRA					
Home Phone: 912329 4614 Office Phone:			Mobile:	725018	34.	314-	
temporary assignments, ur Complete and accurate dat	with your present or most red der "Employer", state the names (month/year) must be provided	ne of the c	onsulting or te	mporary agency	that p	laced you at the client site.	
EMPLOYER 1 (Current):		Employee Id:		From (mm/yy):		To (mm/yy):	
Street Address:			Employer's Phone No.:			Remuneration/Salary:	
City:	State:	Country	·	144	Posta	l Code:	
Job Title:		Reason for leaving:					
Employment Status: (Please check the relevant box)  Full Time		Supervisor's Details:					
		Name:				fact.	
Contract /Through Outsourcing Agency		Title:					
Outsourcing Agency Details: Name: Address: Tel No.:		Phone I	No.:				
		E-mail i	d: ably official)				
		HR Manager's Details:					
		Name:					
Description of Duties:		Phone	No.:				
		E-mail i (Prefero	d: ably official)				
Current Employment Authority Provided If No When		Yes/No					

All details are compulsory

		From (mm/y	<i>(</i> ):	To (mm/yy):
	Employee Id:			
EMPLOYER 2:				Remuneration/Salary
	and the latest terminal termin	Employer's Phone	No.:	Remonst
Street Address:		A CONTRACTOR OF THE CONTRACTOR	Do	stal Code:
	State:	Country:	Po	istal Cours
City:				gand of the control o
		Reason for leaving:		
Job Title:		Con	ille	
(a) was sheek the relevant bo	ox)	Supervisor's Deta		
Employment Status: (Please check the relevant bo	Name:			
Full Time		Title:		
Contract /Through Outsourcing Agency	Phone	processor species and published		
	No.:	Charles State State State		
Outsourcing Agency Details:		E-mail id:		
Name:		(Preferably		
Address: Tel No.:	official)			
Tel Mo.:		HR Manager's Details:		and the state of the supplementary of the spirits of the spirits and the spirits about the spirits and the spi
	772.22	Name:	and wasters and and	
Description of Duties:		Phone		
Description of buttes.		No.: E-mail id:	Application of the Control	
		official)		
		Ojjicio.)		

All details are compulsory

EMPLOYER 3:	Employee Id:	From (mm/yy):		To (mm/yγ):	
Street Address:		Employer's Phone	No.:	Remuneration/Salary:	
City:	State:	Country:	Post	tal Code:	
Job Title:		Reason for leaving:			
Employment Status: (Please check the relevant box	)	Supervisor's Deta	ails:		
☐ Full Time		Name:		ia unito deskilok ilian liikususukikoonen ki toolaadii oriaa toloo oo oonee ili tisuk too oo oo ki too	
Contract /Through Outsourcing Agency	Title:	Contraction in Contraction (Contraction (Con			
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

EMPLOYER 4:	Employee Id:	From (mm/yy):		To (mm/yy):
Street Address:		Employer's Phone	No.:	Remuneration/Salary:
City:	State:	Country:	Po	stal Code:
Job Title:	1	Reason for leavi	ng:	
Employment Status: (Please check the relevant box	:)	Supervisor's Deta	ils:	
Full Time		Name:		Land the second
Contract /Through Outsourcing Agency		Title:		
Outsourcing Agency Details:	Phone No.:			
Name: Address:		E-mail id:		
Tel No.:		(Preferably		
		official) HR Manager's De	tails:	
		Name:		
Description of Duties:		Phone		
Period of the Control		No.:		
		E-mail id:		
		(Preferably		
		offici <b>al)</b>		

DECLARATION & LETTER OF AUTHORIZATION					
<ul> <li>I certify that the statements made in this agunderstand that false or misleading information</li> </ul>	<ul> <li>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.</li> </ul>				
<ul> <li>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.</li> </ul>					
<ul> <li>I hereby authorize the Company and/or any o on its behalf (TP), to verify the info investigative report or consumer report for the</li> </ul>	fits subsidiaries or affiliates and any persons or organizations acting armation presented on this application form and to procure an at purpose.				
<ul> <li>I hereby grant authority for the bearer of th records. In addition, please provide any othe authority.</li> </ul>	nis letter to access or be provided with full details of my previous repertinent information requested by the individual presenting this				
I hereby release from liability all persons or en	itities requesting or supplying such information.				
	8				
I authorize the Company to contact my preser	nt employer. 🗌 Yes 💮 No				
<ul> <li>I have read, understand, and by my signature</li> </ul>	consent to these statements.				
SIGNATURE:					
	DATE:				
NAME (IN BLOCK LETTERS):					
DOCUMENTS REQUIRED (COMPULSORY)	ATTACHED YES / NO				
Copy of all past Employment Appointment & Relieving Letters / Salary Slips with employee code					

All details are compulsory