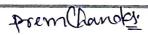
Candidate Information Form

Name of Applicant:	Surname	KIINAAA	Middle		Firs	PREMCHAND	
riame of Applicant.	Jamanic	KUMAR	Miladic			KLHM	
Date of Birth (dd/mm/	vy): 05	11 1995					
Sex:	MAI	LE	3				
Father's Name:	YAKIL	SINGH					
Home Phone:		Office Phone:		Mobile: (739195	5537	
EMPLOYMENT RECORD: Starti temporary assignments, to Complete and accurate da	under "Emp	loyer", state the nar	ne of the con	er, please li sulting or te	st last 2 employmen emporary agency tha	its. When listing consulting or it placed you at the client site.	
EMPLOYER 1 (Current):			Emplo	yee Id:	From (mm/yy):	To (mm/yy):	
DECONTELECOM SOLUTIONS PVT. LTD.		DI-4186		25/12/2020	31/10/2024		
Street Address: Plot r Phase-A blus	10-116 fit	st floor Ud	yog vih	as	Employer's	Remuneration/Salary:	
City: Yurgaon	State: 4	Delhí	Country:	INDI	A Po	stal Code: 1220 15	
Job Title: DT Engineer			Reason for leaving: New Challengls and Opportunities & Carely Growth				
Employment Status: (Please check the relevant box)		Supervisor's Details:					
✓ Full Time✓ Contract /Through Outsourcing Agency			Name:	Vinay Toshi			
			Title:		Co-ordinator.		
2.4		Phone No					
Outsourcing Agency Details: Name:		E-mail id: (Preferably	official)	vinayJoshi@duonglobalsell			
Address: Tel No.:		HR Manager's Details:					
		Name:		Aparne kumasi			
Description of Duties:			Phone No.	:	964-3613217		
			E-mail id: (Preferably	official)		lobalsolutions.com	
urrent Employment Authority Provided No When		Yes/No		Yes			

All details are compulsory

Strictly Private & Confidential



	DECLARATION & LETTER OF AUTHORIZATION			
	是一个人,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,他们就是一个人的,他们就是一个人的,他们就是一个人的,他们就是一个人的,他们就			
•	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 <i>the Company</i> to contact my present employer. Yes No			
•	I have read, understand, and by my signature consent to these statements.			

The second secon	Service and	
SIGNATURE: Fremblands		
	DATE:	03/11/2024
NAME (IN BLOCK LETTERS): PREMIHANA KUMAR		, ,

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

All details are compulsory

Strictly Private & Confidential

