Candidate Information Form

		EKSONAL DETAIL		
Name of Applicant: Surname		Middle		First
BORAL Date of Birth (dd/mm/yy): 16/03/100		SEKHAR	1	SAUMYA
	16/03/198	66		
Sex:	Male			
Father's Name: SAJ	AL BORAL			
Home Phone:	Office Phone:	Mobil	e: 8777490	0876
EMPLOYMENT RECORD: Starting	with your present or most r	ecent employer, plea	ise list last 2 employ	ments. When listing consulting or that placed you at the client sit
Complete and accurate date	s (month/year) must be provided	ded.	or temporary agency	that placed you at the client sit
EMPLOYER 1 (Current):		Employee Id:	From (mm/y	y): To (mm/yy):
Street Address:			Employer's Phone No.:	Remuneration/Salar
City:	State:	Country:	CONTRACTOR OF THE PARTY OF THE	Postal Code:
Job Title:	22-1-17-	Reason for leavin	ng:	
Employment Status: (Pleas				
☐ Full Time		Supervisor's Deta	ails:	
Full Time	se check the relevant box)	Supervisor's Deta	ails:	
Full Time Contract /Through Out			ails:	
Contract /Through Out	sourcing Agency	Name:	ails:	
Contract /Through Out	sourcing Agency	Name: Title:	ails:	
Contract /Through Out Outsourcing Agency Detai Name:	sourcing Agency	Name: Title: Phone No.:		
Contract /Through Out Outsourcing Agency Detai Name: Address:	sourcing Agency	Name: Title: Phone No.: E-mail id: (Preferably official HR Manager's De	ol)	
Contract /Through Out Outsourcing Agency Detai Name: Address: Tel No.:	sourcing Agency	Name: Title: Phone No.: E-mail id: (Preferably official HR Manager's De	ol)	
Contract /Through Out Outsourcing Agency Detai Name: Address: Tel No.:	sourcing Agency	Name: Title: Phone No.: E-mail id: (Preferably official HR Manager's De Name: Phone No.:	ol)	
	sourcing Agency	Name: Title: Phone No.: E-mail id: (Preferably official HR Manager's De	nl) itails:	

All details are compulsory

Strictly Private & Confidential

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EMPLOYER 2:	Employee Id:	From (mm/y	y):	To (mm/yy):	
Street Address:		Employer's Phone	No.:	Remuneration/Salary:	
City:	State:	Country:	Po	ostal Code:	
Job Title:	ob Title:		Reason for leaving:		
Employment Status: (Please check the relevant box)		Supervisor's Details:			
☐ Full Time		Name:			
Contract /Through Outsourcing Agency		Title:			
Outsourcing Agency Details:		Phone No.:			
Name: Address: Tel No.:		E-mail id: (Preferably official)			
		HR Manager's D	etails:		
		Name:			
Description of Duties:	18.0	Phone No.:			
A STATE OF THE PARTY OF THE PAR		E-mail id: (Preferably		3	
	ALCOHOL:	official)			

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EMPLOYER 3:	Employee Id:	From (mm/y	y):	To (mm/yy):	
Street Address:		Employer's Phone	e No.:	Remuneration/Salary:	
City:	State:	Country:	Po	ostal Code:	
Job Title:	ob Title:		Reason for leaving:		
Employment Status: (Please check the relevant box)		Supervisor's Details:			
Full Time		Name:			
Contract /Through Outsourcing Agency	,	Title:			
Outsourcing Agency Details:		Phone No.:			
Name: Address: Tel No.:		E-mail id: (Preferably official)			
		HR Manager's D	etails:		
		Name:	-		
Description of Duties:		Phone No.:			
		E-mail id: (Preferably official)			

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EMPLOYER 4:	Employee Id:	From (mm/yy):	To (mm/yy):	
Street Address:		Employer's Phone	No.:	Remuneration/Salary:	
City:	State:	Country:	Po	ostal Code:	
Job Title:	ob Title:		Reason for leaving:		
Employment Status: (Please check the relevant box)		Supervisor's Details:			
Full Time		Name:			
Contract /Through Outsourcing Agency		Title:			
Outsourcing Agency Details:		Phone No.:			
Name: Address: Tel No.:		E-mail id: (Preferably official)			
		HR Manager's Details:			
	4000	Name:			
Description of Duties:		Phone No.:			
		E-mail id: (Preferably official)			

All details are compulsory

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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:

Sanga Show Barof.

NAME (IN BLOCK LETTERS): SAUMYA SEKHAR BORAL

DATE: 18/12/2024

Copy of all past Employment Appointment &
Relieving Letters / Salary Slips with employee
code

All details are compulsory

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