## **Candidate Information Form**

**PERSONAL DETAILS** 

|  | name RANJAN  | Middle                    |                       |                          | First                | ASHISH  |
|--|--|---------------------------|-----------------------|--------------------------|----------------------|---|
| Date of Birth (dd/mm/yy):  | 09/01/2002   |                           |                       |                          |                      |   |
| Sex: MALE  |  |                           |                       |                          |                      |   |
| Father's Name: SHAM  | BHU PRASAD SI  | NGH                       |                       |                          |                      |   |
| Home Phone:  | Office Phone:  |                           | Mobile:               | 878952                   | 2157                 | 4   |
| EMPLOYMENT RECORD: Starting vectors temporary assignments, under Complete and accurate dates         | er "Employer", state the nan   | ne of the con             | er, please lis        | st last 2 employ         | yments.<br>y that pl | When listing consulting or aced you at the client site. |
| EMPLOYER 1 (Current):  | ្  | Emplo                     | yee ld:               | From (mm/y               | yy):                 | To (mm/yy):   |
| Street Address:  |  |                           |                       | Employer's<br>Phone No.: |                      | Remuneration/Salary:                                    |
| City:  | State:   | Country:                  | 15 (5 15 15 17 1 m) N | £7.                      | Postal               | Code:   |
| Job Title:   | Made and the second sec | Reason fo                 | r leaving:            |                          |                      |   |
| Employment Status: (Pleas  | e check the relevant box)  | Supervisor                | 's Details:           |                          |                      |   |
| Full Time Contract /Through Outsourcing Agency  Outsourcing Agency Details:  Name: Address: Tel No.: |  | Name:                     |                       | 200                      |                      |   |
|  |  | Title:                    |                       |                          |                      |   |
|  |  | Phone No.                 | :                     |                          |                      |   |
|  |  | E-mail id:                |                       |                          |                      |   |
|  |  | (Preferably               | official)             |                          |                      |   |
|  |  | HR Manag                  | er's Details          | Alexandral of            |                      |   |
|  |  | Name:                     |                       |                          |                      |   |
| Description of Duties:   |  | Phone No.                 | :                     |                          |                      |   |
|  |  | E-mail id:<br>(Preferably | official)             |                          |                      |   |
| Current Employment Autho<br>If No When   | rity Provided  | Yes/No                    |                       |                          |                      |   |

All details are compulsory

Strictly Private & Confidential

| EMPLOYER 2:                                 | Employee Id:   | From (mm/                                   | /y):   | To (mm/yy):         |
|---|--|---|--------|---------------------|
| Street Address:                             |  | Employer's Phon                             | e No.: | Remuneration/Salary |
| City:                                       | State:   | Country:                                    | Po     | ostal Code:         |
| Job Title:                                  |  | Reason for leav                             | ng:    |                     |
| Employment Status: (Please check the relevo | int box)   | Supervisor's Det                            | alls:  |                     |
| Full Time                                   |  | Name:                                       |        |                     |
| Contract /Through Outsourcing Agency        |  | Title:                                      |        |                     |
| Outsourcing Agency Details:                 |  | Phone<br>No.:                               |        |                     |
| Name:                                       |  | E-mail id:                                  |        |                     |
| Address:<br>Tel No.:                        |  | (Preferably                                 |        |                     |
| Terro                                       |  | official)                                   |        |                     |
|   | HR Manager's Details:  |   |        |                     |
|   | The same of the sa | Name:                                       |        |                     |
| Description of Duties:                      |  | Phone                                       |        |                     |
|   | The Part of the Pa | No.:  |        |                     |
|   |  | E-mail id:<br>(Preferably                   |        |                     |
|   |  | official)                                   |        |                     |
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| EMPLOYER 3:  |  |                           |  |   |
|--|--|---------------------------|--|---|
| LIVII LOTENS.  | Employee Id:   | From (mm/y                | y):  | To (mm/yy):                                   |
|  |  |                           |  |   |
| Street Address:  |  | Employer's Phone          | No.:   | Remuneration/Salary:                          |
| City:  | State:   |                           |  |   |
|  | State:   | Country:                  | Po   | stal Code:                                    |
| Job Title:   |  | Popper for lead           |  |   |
|  |  | Reason for leavi          | ng:  |   |
| Employment Status: (Please check the relevant box,   | )  | Supervisor's Deta         | ile  | )。 接到作品 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
|  |  | TALES OF S DEL            | 1115.  |   |
| Full Time  |  | Name:                     |  |   |
| Contract /Through Outsourcing Agency   |  | Title:                    |  |   |
| Outsourcing Agency Details:  |  | Phone                     |  |   |
| Name:  |  | No.:                      |  |   |
| Address:   | State  | E-mail id:                |  |   |
| Tel No.:   |  | (Preferably               |  |   |
|  |  | official) HR Manager's De | taile  |   |
|  |  | Name:                     | lalis,   | <b>阿尔伊</b> 不可见的"战争"。                          |
| Description of Duties:   |  | Phone                     |  |   |
| THE COURT OF THE PARTY OF THE P | 计划 1.20  | No.:                      |  |   |
|  |  | E-mail id:                |  |   |
|  | STATE OF THE PARTY | (Preferably               |  |   |
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| The second secon | Consuma Victoria   |                           |  |   |
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| And the second of the second o |  |                           |  |   |

| EMPLOYER 4:                                       | Employee Id:   | From (mm/ <sub>1</sub>                 | /y):   | To (mm/yy):                           |
|---|--|--|--------|---------------------------------------|
| Street Address:                                   |  | Employer's Phone                       | e No.: | Remuneration/Salary:                  |
| City:   | State:   | Country:                               | Po     | stal Code:                            |
| Job Title:  |  | Reason for leavi                       | ng:    |                                       |
| Employment Status: (Please check the relevant box | )  | Supervisor's Det                       | ails:  |                                       |
| Full Time   |  | Name:                                  |        | · · · · · · · · · · · · · · · · · · · |
| Contract /Through Outsourcing Agency              |  | Title:                                 |        |                                       |
| Outsourcing Agency Details:                       |  | Phone<br>No.:                          |        |                                       |
| Address:<br>Tel No.:                              |  | E-mail id:<br>(Preferably<br>official) |        |                                       |
|   |  | HR Manager's Details:                  |        |                                       |
|   |  | Name:                                  |        |                                       |
| Description of Duties:                            | The state of the s | Phone                                  |        |                                       |
|   |  | No.:                                   |        |                                       |
|   |  | E-mail id:<br>(Preferably<br>official) |        |                                       |
|   |  |  | No.    |                                       |

| DECLARATION | & I ETTED | OF ALITHOPIZ | ATION   |
|-------------|-----------|--------------|---------|
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| <ul> <li>I certify that the statements made in this application are valid and complete to the best of my knowledge.</li> <li>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<br/>subject to dismissal at any time during my employment.</li> </ul>  |
| <ul> <li>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 ar investigative report or consumer report for that purpose.</li> </ul> |
| <ul> <li>I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous<br/>records. In addition, please provide any other pertinent information requested by the individual presenting this<br/>authority.</li> </ul>                             |
| <ul> <li>I hereby release from liability all persons or entities requesting or supplying such information.</li> </ul>  |
| I authorize <i>the Company</i> to contact my present employer.   |
| I have read, understand, and by my signature consent to these statements.  |
| AME (IN BLOCK LETTERS): ASHISH RANJAN  DATE: 09-01-2002  |
| DCUMENTS REQUIRED (COMPULSORY)  ATTACHED YES / NO  |
| ,一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个  |

| DOCUMENTS REQUIRED (COMPULSORY)                | ATTACHED YES / NO  |
|--|--|
| Copy of all past Employment Appointment &      | The state of the s |
| Relieving Letters / Salary Slips with employee |  |
| code   |  |
|  |  |

All details are compulsory

Strictly Private & Confidential