## **Candidate Information Form**

| PERSONAL DETAILS   |                               |               |                    |                            |                     |                            |
|--|-------------------------------|---------------|--------------------|----------------------------|---------------------|----------------------------|
|  |                               | Middle        | First<br>Vipendra  |                            |                     |                            |
| Patel  |                               | Singh         |                    | VIĻ                        | enura               |                            |
| Date of Birth (dd/mm/yy): 10th July 1994                   |                               |               |                    |                            |                     |                            |
| Sex: Male  |                               |               |                    |                            |                     |                            |
| Father's Name: Shri Indrajeet Singh Patel                  |                               |               |                    |                            |                     |                            |
| Home Phone: Office Phone:                                  |                               |               | Mobile: 7000577186 |                            |                     |                            |
|  |                               |               |                    |                            |                     |                            |
| EMPLOYMENT RECORD: Starting                                | with your present or most re  | ecent employ  | er, please lis     | t last 2 employ            | ments. <b>W</b>     | hen listing consulting or  |
| temporary assignments, und                                 | der "Employer", state the nam | ne of the con | sulting or ter     | mporary agency             | that place          | ed you at the client site. |
| Complete and accurate dates (month/year) must be provided. |                               |               |                    |                            |                     |                            |
|  |                               |               |                    |                            |                     |                            |
| EMPLOYER 1 (Current):                                      |                               | Employee Id:  |                    | From (mm/yy):              |                     | To (mm/yy):                |
| Marquistech, Noida (Airtel-Client)                         |                               | 120           | 12026 21 N         |                            | 22                  | 01 June 2024               |
| Street Address:  |                               |               |                    | Employer's                 | l l                 | Remuneration/Salary:       |
| CP-05, Sector 8, Imt Manesar, Gurugram, Haryan             |                               |               | 122050             | O Phone No.:<br>8896787428 |                     | 5.2 LPA                    |
| City: Gurugram   | State: Haryana                | Country:      | India              |                            | Postal C            | <sup>Code:</sup> 122050    |
| Job Title: Software T                                      | Reason fo                     | r leaving:    | Personal Marr      | iage and                   | Project Completion. |                            |

Name: Full Time Sandeep Gupta Contract /Through Outsourcing Agency Title: Team Lead Phone No.: 9818791906 **Outsourcing Agency Details:** E-mail id: sandeep9.gupta@airtel.com Name: NA (Preferably official) Address: NA HR Manager's Details: Tel No.: NA Rishabh Rawat Name: **Description of Duties:**ONT and IDU Software Testings Phone No.: 8896787428 E-mail id: rirawat@marquistech.com (Preferably official) **Current Employment Authority Provided** Yes If No When Yes/No

Supervisor's Details:

All details are compulsory

**Employment Status:** (Please check the relevant box)

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| EMPLOYER 2:  | Employee Id:  | From (mm/yy):         |                     | To (mm/yy):          |  |
|--|---------------|-----------------------|---------------------|----------------------|--|
| Street Address:                                    |               | Employer's Phone      | No.:                | Remuneration/Salary: |  |
| City:  | State:        | Country:              | Ро                  | stal Code:           |  |
| Job Title:   | o 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<br>No.: |                       |                     |                      |  |
| Name:  |               | E-mail id:            |                     |                      |  |
| Address:   |               | (Preferably           |                     |                      |  |
| Tel No.:   |               | official)             |                     |                      |  |
|  |               | HR Manager's Details: |                     |                      |  |
|  |               | Name:                 |                     |                      |  |
| Description of Duties:                             |               | Phone                 |                     |                      |  |
|  |               | No.:                  |                     |                      |  |
|  |               | E-mail id:            |                     |                      |  |
|  |               | (Preferably           |                     |                      |  |
|  |               | official)             |                     |                      |  |
|  |               |                       |                     |                      |  |

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

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

| DECLARATION & LETTER OF AUTHORIZATION  |  |  |  |  |
|--|--|--|--|--|
| <ul> <li>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.</li> </ul>  |  |  |  |  |
| • 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 <b>the Company</b> and/or any of its subsidiaries or affiliates and any persons or organizations acting on its behalf ( <b>TP</b> ), 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.  |  |  |  |  |
| DATE: 26 AUG 24  |  |  |  |  |
| Name (In Block Letters):   |  |  |  |  |

| 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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