## **Candidate Information Form**

	P	ERSONAL DETAI	LS			
Name of Applicant: Surname Anand		Middle	First		Aditya	
Date of Birth (dd/mm/yy	): 19/12/2000					
sex: Male						
Father's Name: Ind	naject Singh					
Home Phone: Office Phone:		Mol	bile: 70044	256	6 = 7	
					that a southing of	
temporary assignments, ur	g with your present or most render "Employer", state the nares (month/year) must be provi	ne of the consultin	ease list last 2 emplo g or temporary agenc	yments. Y	accu you are	
EMPLOYER 1 (Current):		Employee le	d: From (mm/	yy):	To (mm/yy):	
Street Address:			Employer's Phone No.:		Remuneration/Salary	
City:	State:	Country:		Postal	Code:	
Job 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: Name: Address:		Phone No.:				
		E-mail id: (Preferably office	rial)			
		HR Manager's Details:				
Tel No.:		Name:				
Description of Duties:		Phone No.:				
Description of Balleti		E-mail id: (Preferably office	rial)			
Current Employment Authority Provided  If No When		Yes/No				

<b>DECLARATION &amp; LETTER OF AUTHORIZAT</b>	10	N
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- 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
- I have read, understand, and by my signature consent to these statements.

SIGNATURE: Aditya Anond

DATE: 17/03/2025

NAME (IN BLOCK LETTERS): ADITYA ANAND

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

All details are compulsory

Strictly Private & Confidential