Candidate Information Form

PE	RSONAL DE	TAILS			
Name of Applicant: Surname GUADI	Middle DEEPA		DHIRAJ		
Date of Birth (dd/mm/yy): 11th - 10 - 1994					
Sex: MALE Father's Name: DEEPAK DHONDU C	11117				
Home Phone: Office Phone:	111101	Mobile:	830870	5	6
Home Priorie.		***	830870	, ,,,	
EMPLOYMENT RECORD: Starting with your present or most re temporary assignments, under "Employer", state the nam Complete and accurate dates (month/year) must be provided.	ie of the con	er, please lis sulting or ter	t last 2 employm mporary agency t	ents. W hat plac	/hen listing consulting or ced you at the client site.
EMPLOYER 1 (Current): MPHASIS LTD	253	yee ld: 8941	From (mm/yy)	i	To (mm/yy): 07/2023
Street Address: 101 Infinity IT Pas	k, Ger	18-Eerl	Employer's		Remuneration/Salary:
Ak Vaidya mary, Dindoshi City: Mumbai State: Maharashtlu	Country:	Indi	a.	Postal (Code: 400097
Job Title: Test Engineez	Reason for	or leaving: ~	Leasn an	ew e	challenging
Employment Status: (Please check the relevant box)	Superviso	or's Details:			ं हों। <u></u>
TY Full Time	Name:				mulakala
Contract /Through Outsourcing Agency	Title:		97697	40-8	024
Outsourcing Agency Details: Name:	Phone No E-mail id: (Preferab				-lakalu@mphas
Address:		ger's Detail	s:		
Tel No.:	Name:				Ty.
Description of Duties: Peth Im Sanity resting,	Phone No E-mail id: (Preferab				
Current Employment Authority Provided f No When	Yes/No		No		p de la companya della companya della companya de la companya della companya dell

All details are compulsory

Strictly Private & Confidential

145	Employee Id:	From (mm	1/44):	To (mm/yy):
EMPLOYER 2: Quality KiOSIC	Employee Id:	12/201		08/2022
Street Address: Sector-1, Rupa Sol	itaile,	Employer's Pho		Remuneration/Salary:
City: Mayi Mumbai	State: Mahasushtlu		a	tal Code: 400710
Job Title: Yest Engineel		Reason for le	oppo	refunities.
Employment Status: (Please check the relevant box	x)	Supervisor's	Details:	
Full Time Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Name: Title: Phone No.: E-mail id: (Preferably official) HR Manage Name:	816 Rahul Quality	Patil. Lead 9365234 Patil@ leiosketechnology.
mobile application Testin		Phone No.: E-mail id: (Preferably official)	/ - 1/- 1	

	DECLARATION & LETTER OF AU	THORIZATION			
		-Q-			
•	I certify that the statements made in this application are valunderstand that false or misleading information may result in t	alid and complete to the best of my knowledge. I ermination 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 <i>the Company</i> and/or any of its subsidiaries on its behalf (TP), to verify the information presen investigative report or consumer report for that purpose.				
•	I hereby grant authority for the bearer of this letter to accerecords. In addition, please provide any other pertinent inforauthority.				
,	I hereby release from liability all persons or entities requesting	or supplying such information.			
		, 0			
•	I authorize the Company to contact my present employer.	∕es □ No			
		Jan Marian			
	I have read, understand, and by my signature consent to these	statements			
-	A service of the serv	Statements			
IGNAT	URE: Show.				
	<i>200</i> · · · · · · · · · · · · · · · · · ·	DATE: 21-07-2025			
IAME (IN BLOCK LETTERS): DHIRAT GHADI				

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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