

Candidate Information Form

PERSONAL DETAILS		
Name of Applicant: Surname: AITHA Middle First: SHRAVAN		
Date of Birth (dd/mm/yy): 01/10/87		
Sex: MALE		
Father's Name: SRINIVAS		
Home Phone: NA	Office Phone: NA	Mobile: 9618612637

EMPLOYMENT RECORD: Starting with your present or most recent employer, please list last 2 employments. When listing consulting or temporary assignments, under "Employer", state the name of the consulting or temporary agency that placed you at the client site. Complete and accurate dates (month/year) must be provided.			
EMPLOYER 1 (Current): QUALCOMM INDIA PVT LTD	Employee Id: 525593	From (mm/yy): 07/22	To (mm/yy): Till Date
Street Address: Bldg 8, 5th Floor Mindspace, Raheja It Park, Hitec City Madhapur		Employer's Phone No.: 04067362000	Remuneration/Salary:
City: HYDERABAD	State: TELANGANA	Country: INDIA	Postal Code: 500081
Job Title: KPI RESOURCE		Reason for leaving:	
Employment Status: <i>(Please check the relevant box)</i>		Supervisor's Details:	
<input type="checkbox"/> Full Time		Name:	
<input checked="" type="checkbox"/> Contract /Through Outsourcing Agency		Title:	
Outsourcing Agency Details:		Phone No.:	
Name:		E-mail id:	
Address:		<i>(Preferably official)</i>	
Tel No.:		HR Manager's Details:	
Description of Duties:		Name:	
		Phone No.:	
		E-mail id:	
		<i>(Preferably official)</i>	
Current Employment Authority Provided If No When		Yes/No	

All details are compulsory

Strictly Private & Confidential

EMPLOYER 2: MARQUIS TECHNOLOGIES PVT LTD	Employee Id: 10791	From (mm/yy): 04/13	To (mm/yy): Till Date
Street Address: The Platina Building, 10th Floor, B-Block, Unit No: 1001 Gachibowli, Hyd-500032		Employer's Phone No.:	Remuneration/Salary:
City: HYDERABAD	State: TELANGANA	Country: INDIA	Postal Code: 500032
Job Title:		Reason for leaving:	
Employment Status: <i>(Please check the relevant box)</i> <input type="checkbox"/> Full Time <input checked="" type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details:	
		Name:	
		Title:	
		Phone No.:	
		E-mail id: <i>(Preferably official)</i>	
		HR Manager's Details:	
		Name:	
Description of Duties:		Phone No.:	
		E-mail id: <i>(Preferably official)</i>	



All details are compulsory

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EMPLOYER 3:	Employee Id:	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: <i>(Please check the relevant box)</i>		Supervisor's Details:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		Name:	
Outsourcing Agency Details:		Title:	
Name:		Phone No.:	
Address:		E-mail id: <i>(Preferably official)</i>	
Tel No.:		HR Manager's Details:	
Description of Duties:		Name:	
		Phone No.:	
		E-mail id: <i>(Preferably official)</i>	

All details are compulsory

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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:	Postal Code:
Job Title:		Reason for leaving:	
Employment Status: <i>(Please check the relevant box)</i>		Supervisor's Details:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		Name:	
Outsourcing Agency Details:		Title:	
Name:		Phone No.:	
Address:		E-mail id:	
Tel No.:		<i>(Preferably official)</i>	
Description of Duties:		HR Manager's Details:	
		Name:	
		Phone No.:	
		E-mail id:	
		<i>(Preferably official)</i>	

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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:

DATE: **03/16/2026**

NAME (IN BLOCK LETTERS): **SHRAVAN AITHA**

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

All details are compulsory

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