

## Candidate Information Form

PERSONAL DETAILS		
Name of Applicant: Surname	Middle	First
Mohite	Mahavir	Vaishnavi
Date of Birth (dd/mm/yy): 24/02/2002		
Sex: Female		
Father's Name: Mahavir Narhari Mohite		
Home Phone:	Office Phone:	Mobile: 9324495912

**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.

<b>EMPLOYER 1 (Current):</b> Tech Mahindra Limited	Employee Id:	From (mm/yy): 12/2023	To (mm/yy): 03/2024
Street Address: Block NO 902, Empire tower, Reliable cloud city, Gavate wadi, MIDC, Thane - Belapur Road, Airoli (East)		Employer's Phone No.:	Remuneration/Salary:
City: Novi Mumbai	State: Maharashtra	Country: India	Postal Code: 400708
Job Title: Quality Assurance	Reason for leaving: Health Issue		
<b>Employment Status:</b> (Please check the relevant box)	<b>Supervisor's Details:</b>		
<input checked="" type="checkbox"/> Full Time	Name:		
<input type="checkbox"/> Contract /Through Outsourcing Agency	Title:		
	Phone No.:		
<b>Outsourcing Agency Details:</b>	E-mail id: (Preferably official)		
Name:	<b>HR Manager's Details:</b>		
Address:	Name:		
Tel No.:	Phone No.:		
<b>Description of Duties:</b> Manual testing	E-mail id: (Preferably official)		
Current Employment Authority Provided If No When	Yes/No		

All details are compulsory

Strictly Private & Confidential

## 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:

vaishnavi

DATE:

05/10/2024

NAME (IN BLOCK LETTERS): VAISHNAVI MAHAVIR  
MOHITE

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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