

# EMPLOYEE MEDICAL SELF DECLARATION FORM

Please specify if you're having health issue: YES/NO  YES  NO  
If yes, please specify in detail:

Suffering from any chronic diseases: YES/NO  YES  NO  
If yes, please specify in detail:

Undergoing any Medical Treatment: YES/NO  YES  NO  
If yes, please specify in detail:

I, Jagan Kumar  
(Applicant's Name)

of H.NO: 1-6-53/4, Zirafat Nagar, Arora  
(Applicant's Address)

Agree as an applicant being a fit and proper person and able to perform the inherent requirements of the position.  
I do sincerely declare that the contents of this form are true and correct and complete to the best of my knowledge and no information concerning my past or present state of health has been withheld. I understand that any wilfully incorrect or misleading answer or material omission which relates to any of the questions before mentioned may make me ineligible for employment, or if employed, liable to disciplinary action which may include dismissal. I understand that this pre-employment health declaration may form part of my file.

I also voluntarily and freely consent to sharing of the above personal information in relation job employment to Marquis Technologies Pvt. Ltd

Applicant's signature Jagan Kumar Date 21-03-2026

## Candidate Information Form

PERSONAL DETAILS		
Name of Applicant:	Surname <u>Gadugudukala</u> Middle <u>Jagan</u>	First <u>Kumar</u>
Date of Birth (dd/mm/yy):	<u>02-08-1994</u>	
Sex:	<u>Male</u>	
Father's Name:	<u>G. Narasiah</u>	
Home Phone:	Office Phone:	Mobile: <u>9032744557</u>

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): <u>Marquis Technologies Pvt Ltd.</u>	Employee Id:	From (mm/yy):	To (mm/yy):
	<u>11140</u>	<u>24-04-2017</u>	<u>Till date</u>
Street Address:	Employer's Phone No.:	Remuneration/Salary:	
<u>The Platina, Arjalah nagar.</u>			
City: <u>Hyderabad</u>	State: <u>Telangana</u>	Country: <u>India</u>	Postal Code: <u>500032</u>
Job Title: <u>Senior Test Engineer</u>	Reason for leaving: <u>Still working.</u>		
Employment Status: (Please check the relevant box)	Supervisor's Details:		
<input checked="" type="checkbox"/> Full Time	<input checked="" type="checkbox"/> LEAD: <u>KRISHNA</u> Name: <u>K. Krishna Kanth Reddy</u> Title: <u>Local LEAD.</u> Phone No.: E-mail id: (Preferably official) HR Manager's Details: Name: <u>Brajpal Singh.</u> Phone No.: E-mail id: (Preferably official)		
<input type="checkbox"/> Contract /Through Outsourcing Agency			
Outsourcing Agency Details:			
Name:			
Address:			
Tel No.:			
Description of Duties:			
Current Employment Authority Provided If No When	Yes/No		

All details are compulsory

Strictly Private & Confidential

EMPLOYER 2:	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:	
<i>Outsourcing Agency Details:</i> Name: Address: Tel No.:		Title:	
		Phone No.:	
		E-mail id: <i>(Preferably official)</i>	
		HR Manager's Details:	
		Name:	
		Phone No.:	
Description of Duties:		E-mail id: <i>(Preferably official)</i>	

*All details are compulsory*

*Strictly Private & Confidential*

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	Name:		
<input type="checkbox"/> Contract /Through Outsourcing Agency	Title:		
<b>Outsourcing Agency Details:</b>	Phone No.:		
Name:	E-mail id: <i>(Preferably official)</i>		
Address:	HR Manager's Details:		
Tel No.:	Name:		
Description of Duties:	Phone No.:		
	E-mail id: <i>(Preferably official)</i>		

All details are compulsory

Strictly Private & Confidential

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:	
<b>Outsourcing Agency Details:</b> Name: Address: Tel No.:		Title:	
		Phone No.:	
		E-mail id: <i>(Preferably official)</i>	
		HR Manager's Details:	
		Name:	
		Phone No.:	
		E-mail id: <i>(Preferably official)</i>	
Description of Duties:			

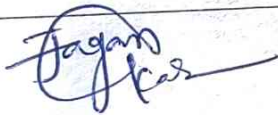
All details are compulsory

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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: 21-03-2026.

NAME (IN BLOCK LETTERS):

JAGAN KUMAR.

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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