

Candidate Information Form

PERSONAL DETAILS			
Name of Applicant:	Surname KUSHWAHA	Middle SINGH	First ALOK
Date of Birth (dd/mm/yy):	10/07/1999		
Sex:	M		
Father's Name:	PANNA SINGH KUSHWAHA		
Home Phone:	Office Phone:	Mobile: 8934922512	

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):	Employee Id:	From (mm/yy):	To (mm/yy):
INDIAN OIL CORPORATION LIMITED	9823908	14/03/2023	14/03/2024
Street Address:	Employer's Phone No.:	Remuneration/Salary:	
Post - PIPALGAON VIA-BAMRAULI SUBEDARGANJ ALLAHABAD UTTAR PRADESH 211001	26518080	Rs. 9500/only	
City:	State:	Country:	Postal Code:
PRAYAGRAJ	UTTAR PRADESH	INDIA	211001
Job Title:	Reason for leaving:		
APPRENTICESHIP	APPRENTICESHIP COMPLETED		
Employment Status: (Please check the relevant box)	Supervisor's Details:		
<input type="checkbox"/> Full Time	Name:		
<input checked="" type="checkbox"/> Contract /Through Outsourcing Agency	SUDHAKAR SHARMA		
Outsourcing Agency Details:	Title:		
Name:	Phone No.:		
Address:	9051112708		
Tel No.:	E-mail id:		
	(Preferably official)		
Description of Duties:	HR Manager's Details:		
	Name:		
	Phone No.:		
	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: *Alok Singh*

DATE: *13/04/2024*

NAME (IN BLOCK LETTERS): *ALOK SINGH KUSHWAHA*

DOCUMENTS REQUIRED (COMPULSORY)	ATTACHED YES / NO
Copy of all past Employment Appointment & Relieving Letters / Salary Slips with employee code	<i>Pay To Account (No Salary Slip Provided)</i>

All details are compulsory

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