

Candidate Information Form

PERSONAL DETAILS			
Name of Applicant: Surname		KUMAR	Middle
			First
			ANOOP
Date of Birth (dd/mm/yy):		29/12/1998	
Sex:		MALE	
Father's Name:		ARVIND KUMAR	
Home Phone:	9350963990	Office Phone:	
		Mobile:	8130082842

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):
Statecon Electronics India Limited		4261	04/25	02/26
Street Address: H No 372/A FLAT No 3 G/F ASHA A 34, A Block Sector 59 Noida UP-201309			Employer's Phone No.:	Remuneration/Salary:
City: UP(Noida)	State: UP	Country: INDIA	Postal Code: 201309	
Job Title: PRODUCTION (JE)		Reason for leaving: Better Opportunity		
Employment Status: (Please check the relevant box)		Supervisor's Details:		
<input checked="" type="checkbox"/> Full Time		Name: Suwasit Shil		
<input type="checkbox"/> Contract /Through Outsourcing Agency		Title: General Manager (GM)		
Outsourcing Agency Details:		Phone No.: 7290074308		
Name:		E-mail id:		
Address:		<i>(Preferably official)</i>		
Tel No.:		HR Manager's Details:		
		Name:		
		Phone No.:		
		E-mail id:		
		<i>(Preferably official)</i>		
Description of Duties:				
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:

Anoop

DATE:

24/02/2026

NAME (IN BLOCK LETTERS):

ANOOP KUMAR

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