

Candidate Information Form

PERSONAL DETAILS			
Name of Applicant:	Surname HATWAR	Middle NANAKRAM	First SATISH
Date of Birth (dd/mm/yy): 15/06/1994			
Sex: MALE			
Father's Name: NANKRAM DUKRUJI HATWAR			
Home Phone:	Office Phone:	Mobile: 8446727056	

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): CAPGEMINI	Employee Id: 46321556	From (mm/yy): May 31, 2023	To (mm/yy): April 15, 2024
Street Address: Global Village, IT SEZ Pattanagere, Mylasandra Village		Employer's Phone No.: 8042550000	Remuneration/Salary: 71000
City: BANGLORE	State: KARNATAKA	Country: INDIA	Postal Code: 560059
Job Title: PROFESSIONAL II		Reason for leaving:	
Employment Status: <i>(Please check the relevant box)</i>		Supervisor's Details:	
<input checked="" type="checkbox"/> Full Time		Name: MAHESHA KRISHNAPPA	
<input type="checkbox"/> Contract /Through Outsourcing Agency		Title: Professional I	
Outsourcing Agency Details:		Phone No.: 7032133349	
Name:		E-mail id:	
Address:		<i>(Preferably official)</i>	
Tel No.:		HR Manager's Details:	
		Name: SRIVEDA	
Description of Duties: MODEM TESTING		Phone No.: 9686979369	
		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: MARQUISTECH PVT.LTD	Employee Id:	From (mm/yy): 21 June 2021	To (mm/yy): 30 May 2023
Street Address: Rupa Solitaire Park, Sector 1, Plot 2, 8th Floor, Millennium Business Park,		Employer's Phone No.:	Remuneration/Salary:
City: MUMBAI	State: MAHARASTRA	Country: INDIA	Postal Code: 400710
Job Title: TEST ENGINEER		Reason for leaving:	
Employment Status: <i>(Please check the relevant box)</i> <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details:	
		Name:	KULDEEP GAIROLA
		Title:	MANAGER
		Phone No.:	7060003940
		E-mail id: <i>(Preferably official)</i>	
		HR Manager's Details:	
		Name:	KRUPA BADLE
Description of Duties: IOT DEVICE AND MOBILE TESTING		Phone No.:	9930240838
		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:	
Tel No.:		<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

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

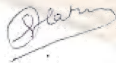
All details are compulsory

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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: 16/03/2025

NAME (IN BLOCK LETTERS): SATISH NANAKRAM HATWAR

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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