

Candidate Information Form

PERSONAL DETAILS		
Name of Applicant: Surname KUTTY	Middle KRISHNAN	First RANJP
Date of Birth (dd/mm/yy): 27/10/96		
Sex: MALE		
Father's Name: KRISHNAN		
Home Phone: 8097878469	Office Phone:	Mobile: 8097878469

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): KRMG		Employee Id: 82458	From (mm/yy): 16/12/2019	To (mm/yy): 30/09/2022
Street Address: MFNOSPACE, MIDC SHIRWANE JAINAGAR, NAVI MUMBAI - 400706			Employer's Phone No.:	Remuneration/Salary: 20,000
City: NAVI MUMBAI	State: MAHARASHTRA	Country: INDIA	Postal Code: 400706	
Job Title: INDIRECT TAXATION		Reason for leaving: CAREER GROWTH		
Employment Status: (Please check the relevant box)		Supervisor's Details:		
<input checked="" type="checkbox"/> Full Time		Name: TUSHAR SHINDE		
<input type="checkbox"/> Contract /Through Outsourcing Agency		Title: TEAM LEADER		
Outsourcing Agency Details:		Phone No.: 9405366512		
Name:		E-mail id: (Preferably official)		
Address:		HR Manager's Details:		
Tel No.:		Name:		
Description of Duties:		Phone No.:		
		E-mail id: (Preferably official)		
Current Employment Authority Provided If No When		Yes/ No	YES	

All details are compulsory

Strictly Private & Confidential

EMPLOYER 2: TATA MOTORS FIANCE LTD		Employee Id: 182012	From (mm/yy): 03/03/2018	To (mm/yy): 13/12/2019
Street Address: I THINK - LODHA, NEAR TCS YANTRA PARK, THANE - 400607		Employer's Phone No.:	Remuneration/Salary: 8000/-	
City: THANE	State: MAHARASHTRA	Country: INDIA	Postal Code: 400607	
Job Title: OPERATIONS - EXECUTIVE		Reason for leaving: CAREER GROWTH		
Employment Status: (Please check the relevant box)		Supervisor's Details:		
<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		Name: SHEVKUMAR Title: TEAM LEADER Phone No.: 9833474543		
Outsourcing Agency Details:		E-mail id:		
Name:		(Preferably official)		
Address:		HR Manager's Details:		
Tel No.:		Name:		
Description of Duties:		Phone No.:		
		E-mail id:		
		(Preferably official)		

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: 17/07/2023

NAME (IN BLOCK LETTERS): ANUP KRESHNAV KATTI

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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