

Candidate Information Form

PERSONAL DETAILS			
Name of Applicant:	Surname MAURYA	Middle KUMAR	First ASHISH
Date of Birth (dd/mm/yy):	30-03-1996		
Sex:	MALE		
Father's Name:	RAM CHANDRA		
Home Phone:	Office Phone:	Mobile: 7974803879	

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: SCS7596	From (mm/yy): 01-JAN-2024	To (mm/yy): 15-JUN-2029
Street Address: C-75, 1st Floor, Sec-4, Noida-201301	Employer's Phone No.:	Remuneration/Salary:	
City: PUNE	State: MH	Country: INDIA	Postal Code: 411001
Job Title: RNO	Reason for leaving: Professional growth		
Employment Status: (Please check the relevant box)	Supervisor's Details:		
<input checked="" type="checkbox"/> Full Time	Name: Prashant Chaturvedi		
<input type="checkbox"/> Contract /Through Outsourcing Agency	Title: Zonal Head		
Outsourcing Agency Details:	Phone No.: 7000626857		
Name:	E-mail id: Prashant.Chaturvedi@sigma		
Address:	(Preferably official) sigmascs.com		
Tel No.:	HR Manager's Details:		
Description of Duties:	Name: Yuvashankar Kent	Phone No.: 8119077362	
	E-mail id: kv.ho@sigmascs.com	(Preferably official)	
Current Employment Authority Provided If No When	Yes/No	YES	

All details are compulsory

Strictly Private & Confidential

EMPLOYER 2:	Employee Id: 2367	From (mm/yy): 1-JAN-2022	To (mm/yy): 31-DEC-2023
Street Address: Plot No. A-40, Sector-62 Noida		Employer's Phone No.:	Remuneration/Salary:
City: Noida	State: UP	Country: India	Postal Code:
Job Title: Sr. Engineer		Reason for leaving: Project End	
Employment Status: (Please check the relevant box) <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		Supervisor's Details:	
Outsourcing Agency Details: Name: Address: Tel No.:		Name:	RAVINDRA YADAV
		Title:	PROJECT MANAGER
		Phone No.:	7087675573
		E-mail id: (Preferably official)	sravindra.yadav@comm4india.com
Description of Duties:		HR Manager's Details:	
		Name:	Aakshika
		Phone No.:	+91209158699
		E-mail id: (Preferably official)	general@comm4india.com

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: (Please check the relevant box) <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details: Name: Title: Phone No.: E-mail id: <i>(Preferably official)</i>	
Description of Duties:		HR Manager's Details:	
		Name:	
		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: (Please check the relevant box) <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details: Name: Title: Phone No.: E-mail id: (Preferably official)	
Description of Duties:		HR Manager's Details: Name: 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: ASHISH

DATE: 20-06-2024

NAME (IN BLOCK LETTERS): ASHISH KUMAR MAURYA

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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