

Candidate Information Form

PERSONAL DETAILS			
Name of Applicant: Surname SHARMA		Middle PAL	First TEJ
Date of Birth (dd/mm/yy): 23/11/91			
Sex: MALE			
Father's Name: DEVARAM SHARMA			
Home Phone:	Office Phone:	Mobile: 9166 740063	

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):
Cell plan Technology		CPT-6366	1-2-23	1-7-24
Street Address: Office No 710, 7th Flr Siddhant Tower Pune			Employer's Phone No.:	Remuneration/Salary:
			7060324223	40K
City: Pune	State: Maharashtra	Country: India	Postal Code: 411029	
Job Title: RNO	Reason for leaving:			
Employment Status: (Please check the relevant box)	Supervisor's Details:			
<input checked="" type="checkbox"/> Full Time				
<input type="checkbox"/> Contract /Through Outsourcing Agency				
Outsourcing Agency Details:				
Name:				
Address:				
Tel No.:				
Description of Duties: Coordinator (RNO)	HR Manager's Details:			
	Name:	Vidhya		
	Phone No.:	9604970711		
	E-mail id: (Preferably official)	vidyastcpte@mxpl.com		
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:

Tejpal Sharma

DATE: 30-JUN-2024

NAME (IN BLOCK LETTERS):

TEJPAL SHARMA

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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