

Candidate Information Form

PERSONAL DETAILS			
Name of Applicant: Surname		Middle	First
		Kumar	Manoj
Date of Birth (dd/mm/yy):		10 / 01 / 1995	
Sex:		Male	
Father's Name:		Kothulal Ninave	
Home Phone: 7909388536	Office Phone:	Mobile: 7879658416	

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):
Marquistech		12114	03/10/2022	Present
Street Address:			Employer's Phone No.:	Remuneration/Salary:
City:	State: Maharashtra	Country: India	Postal Code: 400010	
Job Title: Test Engineer		Reason for leaving:		
Employment Status: <i>(Please check the relevant box)</i>		Supervisor's Details:		
<input checked="" type="checkbox"/> Full Time		Name: Chinmay Panda		
<input type="checkbox"/> Contract /Through Outsourcing Agency		Title: Manager		
Outsourcing Agency Details:		Phone No.:		
Name:		E-mail id: <i>(Preferably official)</i> cpanda@marquistech.com		
Address:		HR Manager's Details:		
Tel No.:		Name: Nisha Pol		
Description of Duties:		Phone No.:		
		E-mail id: <i>(Preferably official)</i> npol@marquistech.com		
Current Employment Authority Provided If No When		Yes/No		

All details are compulsory

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EMPLOYER 2: Vedang Pvt Ltd.	Employee Id: 2002172981	From (mm/yy): 22 June 2022	To (mm/yy): 30 September 2022
Street Address: Time Squire Building Marol Mumbai		Employer's Phone No.:	Remuneration/Salary:
City: Mumbai	State:	Country:	Postal Code:
Job Title: RF Optimiztaion Engineer		Reason for leaving: Field changing	
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:	
		Title:	
		Phone No.:	
		E-mail id: <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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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

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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: 26/02/2026

NAME (IN BLOCK LETTERS): Manoj Kumar

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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