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Professional Details							
SI No	Organization	Designation	Work Profile	From (DD MM YY)	To (DD MM YY)	Total Experience	Reason for leaving

Professional References					
SI No	Name	Designation	Professional Relation	Email ID	Contact Number

Family Details (Only Spouse & Kids)				
SI No	Name	Relation	Date of Birth	Profession

I have voluntarily provided the above information and authorize Mantra Group and its representatives to contact any of the above on my behalf.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Verified by \_\_\_\_\_

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**(Name& Signature)**

**Human Resources Department**