# APPLICATION FORM



CONCENTRIX™

***I hereby declare that the information provided herein is true to the best of my knowledge. Any misrepresentation by me will lead to disqualification of my candidature or termination of employment without notice*.** I also authorize Concentrix to send job\recruitment related notifications & updates on my contact number(s) and email updated with Concentrix.

**To be filled by the candidate in CAPITAL LETTERS only. Please do not leave any field blank.**

**PERSONAL DETAILS**

| | | |
|---|---|---|
| First Name | | |
| Middle Name | | |
| Last Name | | |
| Emergency Contact Number | | |
| Father's name | | |
| Present Address | | |
| City | | |
| State | | |
| Pin Code | | |

| HIGHEST EDUCATION | Under Graduate ○ | Graduate ○ | Post Graduate ○ | Diploma ○ | | RESULT | Pass ○ | Awaited ○ |
|---|---|---|---|---|---|---|---|---|

| From (YYYY) | To (YYYY) | Degree/ Diploma / Certificate | Name of Degree/ Diploma / Certificate | Board/University | Name of the Institution/School/College |
|---|---|---|---|---|---|
| | | | | | |
| | | Foreign Language Diploma / Certificate Course | | | |

**WORK EXPERIENCE DETAILS (Start from most recent job)** — **Fresher** ○ — **Experienced** ○

| From (DD/MM/YYYY) | To (DD/MM/YYYY) | Name of Organisation (Branch/Location) | Designation at the time of Leaving | Emp Id | Name, Designation & Contact Number of Reporting Manager | Annual Salary (CTC) |
|---|---|---|---|---|---|---|
| | | | | | | |
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***I authorize, Concentrix or its 3rd party agency to use this for verification purpose with concerned authorities. I understand and agree that Concentrix*** **holds the right to conduct drug test & background check on my professional, educational and financial background through independent sources.** ***In case background check is negative/ drug test is positive, Concentrix to withdraw the offer or terminate my employment with immediate effect. On joining I will submit authentic copies of all certificates, testimonials to support the details mentioned in the form.***

| Applicant's Signature | | Date (DD/MM/YYYY) : | |
|---|---|---|---|

| OTHER DETAILS | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Aadhaar Number | | | | | | | | |
| PAN Number | | | | Passport Number | | | | |
| Relocation (if applicable) | FROM | | TO | | Are you 18 years old or above? | Yes | No | |
| Do you have UAN / EPF Account Number? | Yes | No | | | | | | |
| Have you ever worked with Concentrix / IBM Daksh / Daksh / Minacs / Convergys? | Yes | No | If yes, please share Employee ID : | | | | | |
| In case you have any Relatives / Friends working in Concentrix, please provide Name, Location, Designation, Department/ Process | | | | | | | | |
| | | | | | | | | |
| **In case you have ever worked in / for Concentrix while being employed by a vendor/consultant providing services to Concentrix, please specify duration :** | **Date of Joining** | | **Last Working Day** | | | | | |
| | | | | | | | | |
| **Applicant's Signature** | | **Date (DD/MM/YYYY) :** | | | | | | |