APPLICATION FORM

Please fill in the details with utmost attention, as these shall be verified by Moody's Analytics Knowledge Services and/ or by its authorized Representatives.

All details are compulsory.

PERSONAL DETAILS						
Name of Applicant: Surna	me		Middle	Fi	rst	
Father's Name						
Date of Birth (dd/mm/yy):	Mar	rital Status:		Home Phone:	STD Code	Number
Place of Birth:	Nati	ionality:		Office Phone:	STD Code	Number
Sex:	Pan	/Passport No.:		Mobile:		
E-mail id:						
RESIDENTIAL ADDRESSES						
Current Address:						
Period of Stay	From		То			
City	State		Pin Code		Phone No.:	
National Id:						
Permanent Address:						
Period of Stay	From		То			
City	State		Pin Code		Phone No.:	
National Id:						

EDUCATION DETAILS							
	Name &	Name & Address of		Managa	DATES ATTENDED		ROLL
QUALIFICATION	Address Of School / College/ Institute	BOARD / UNIVERSITY TO WHICH THE SCHOOL / COLLEGE / INSTITUTE IS AFFILIATED TO	COURSE ATTENDED (MORNING/ EVENING/ CORRESPONDENCE)	MARKS (%) CGPA & CLASS	YEAR OF ENROL MENT (MM/YY)	YEAR PASSED (MM/YY)	Number/ Registration Number/ Exam Seat Number
GRADUATION							
DEGREE:							
DISCIPLINE:							
POST- GRADUATION							
DEGREE:							
DISCIPLINE:							
ANY OTHER							

temporary assignments, under	D: Starting with your present or mo							
accurate dates (month/year) must be provided. CURRENT EMPLOYER:		Employee Id:	From (mm/yy	7):	To (mm/yy):			
Street Address:			Employer's Phone No.:		Fax No.:			
City:	State:	Country:		Code:				
Job Title:		Reason for Leaving:						
Employment Status: (Pl	ease check the relevant box)	Supervisor's Details:						
☐ Full Time		Name:						
Contract /Through Out	tsourcing Agency	Title:						
Outsoursing Agency Det	a:1a.	Phone No.:						
Outsourcing Agency Deta Name:	aus:	E-mail id:						
Address:		(Preferably official) HR Manager's Detail	 ile•					
Tel No.:		Name:						
Description of Duties:		Phone No.:						
		E-mail id:						
		(Preferably official)						
EMPLOYER 1:		Employee Id:	From (mm/yy	r):	To (mm/yy):			
Street Address:		I	Employer's Phone No.:		Fax No.:			
City:	State:	Country:		Postal C	ostal Code:			
Job Title:		Reason for Leaving:	1					
Employment Status: (Pl	ease check the relevant box)	Supervisor's Details:	:					
☐ Full Time		Name:						
Contract /Through Outsourcing Agency		Title:						
Outsoursing Agency Details:		Phone No.:						
Outsourcing Agency Details: Name:		E-mail id: (Preferably official)						
Address:		HR Manager's Detail	ils:					
Tel No.:		Name:						
Description of Duties:		Phone No.:						
		E-mail id:						
		(Preferably official)	1					

EMPLOYMENT RECORD CONTINUED:							
EMPLOYER 2:		Employee Id:	From (mm/yy):	To (mm/yy):			
Street Address:			Employer's Phone No.:	Fax No.:			
City:	State:	Country:	Postal Code:				
Job Title:		Reason for Leaving:					
Employment Status: (Please check the relevant box)		Supervisor's Details:					
Full Time		Name:					
Contract /Through Outsourcing Agency		Title:					
		Phone No.:					
Outsourcing Agency Deta Name:	ails:	E-mail id:					
Address:		(Preferably official)					
		HR Manager's Details:					
Tel No.:		Name:					
Description of Duties:		Phone No.:					
		E-mail id: (Preferably official)					

CONSENT LETTER

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 disqualify me from employment and /or result in termination of employment.

I understand that **Moody's Analytics Knowledge Services** may request a verification of information provided by me and /or background check from an agency hired by **Moody's Analytics Knowledge Services** for this purpose.

I further understand that the results of verification and checks and any records made out of that information will be used for employment purposes only and will not be given to unauthorized persons.

I authorize **Moody's Analytics Knowledge Services** and/or its agents **Pinkerton Corporate Risk Management** to conduct a verification and background check including but not limited to the verification and check of information and references stated by me in this application for the consideration of **Moody's Analytics Knowledge Services** to be used only for my employment purposes.

I also authorize all the concerned persons, authorities, organizations, their employees, agents or authorized representatives, whether named in the application or not, to release the information in their knowledge / possession / records relevant to my employment.

In the event that **Moody's Analytics Knowledge Services** and /or its agents are unable to verify any information and references stated in this application, it is my responsibility to furnish the necessary documentation in support of that information.

I fully understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time and my employment decision will always be at the sole discretion of **Moody's Analytics Knowledge Services**.

I have read, understood, and by my signature consent to these statements.

I authorize Moody's Analytics Knowledge Services to contact my present empl	oyer.	Yes	No
SIGNATURE:			
NAME (IN BLOCK LETTERS):	DATE:		