## Candidate Information Form (CIF) – Mindtree Ltd – Equifax project

***Instructions***: Please provide all the information requested in this form. Incomplete Candidate Information Forms will be returned for completion. **All** supporting documents **must** accompany this form. **Legible** photocopies are requested please**.**

**PART A - PERSONAL DETAILS**:

Full Name (First/Middle/Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (DD/MM/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_ \_\_

You’re Phone Number (Land Line and/or Mobile):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Social Security Number (If worked/studied in the US/Any other Country): --------------------------

**Change of Name if Applicable**

Former Name/Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Name Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Kindly Provide the Address where you resided for past 7 years, Please fill the details in BLOCK LETTERS).**

**Current Address**

Door No/House name, Street: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIN: \_\_\_\_\_\_\_ \_\_\_\_

Landmark: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: (Landline)

Period of Stay: \_From - To \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month & Year Mandatory, MM/YYYY)

**Previous to Current Address**

Door No/House name, Street: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIN: \_\_\_\_\_\_\_ \_\_\_\_

Landmark: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: (Landline)

Period of Stay: \_From - To \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Month & Year Mandatory, MM/YYYY)

**Previous to Previous Address**

Door No/House name, Street: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIN: \_\_\_\_\_\_\_ \_\_\_\_

Landmark: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: (Landline)

Period of Stay: \_From - To \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Month & Year Mandatory, MM/YYYY)

**Previous to Previous Address**

Door No/House name, Street: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIN: \_\_\_\_\_\_\_ \_\_\_\_

Landmark: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: (Landline)

Period of Stay: \_From - To \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Month & Year Mandatory, MM/YYYY)

**Permanent Address**

Door No/House name, Street: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIN: \_\_\_\_\_\_\_ \_\_\_\_

Landmark: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: (Landline)

Period of Stay: \_From - To \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Month & Year Mandatory, MM/YYYY)

# **Note: Please attach a legible photocopy of any two of following documents:**

1. Driving License 2. Passport 3. Ration Card 4. PAN Card 5.Others

**PART B - EDUCATION DETAILS:**

|  |  |  |
| --- | --- | --- |
| **Post-Graduation** | | |
| **Name of the Institute/School/College :** | | |
| **Board/University :** | | **Division/Class/% :** |
| **Duration of Study (specify month & year):** | | **Degree Obtained :** |
| **Majored in :** | | **Course Type : Regular [ ] Distance [ ]** |
| **Student ID/Enrolment/Registration/Roll No :** | | |
| **Address of Institute/School/College** | **Building No & Street:** | |
| **City:** | **State:** |
| **Pin:** | **Landline :** |
| **Graduation** | | |
| **Name of the Institute/School/College :** | | |
| **Board/University :** | | **Division/Class/% :** |
| **Duration of Study (specify month & year):** | | **Degree Obtained :** |
| **Majored in :** | | **Course Type : Regular [ ] Distance [ ]** |
| **Student ID/Enrolment/Registration/Roll No :** | | |
| **Address of Institute/School/College** | **Building No & Street:** | |
| **City:** | **State:** |
| **Pin:** | **Landline :** |

# **Note: Please attach legible photo copies of the following documents relevant to the entries above.**

1. All Mark sheets 2) Degree Certificate 3) Provisional Degree Certificate

**PREVIOUS EMPLOYMENT DETAILS**

|  |  |  |
| --- | --- | --- |
| **Employment – 1** | | |
| **Name of Company:** | | |
| **Company Address**  **(Where you were employed )** | **Building No & Street:** | |
| **City:** | **State:** |
| **Pin:** | ** (Landline):** |
| **Period of employment:** | | **Employee ID:** |
| **Designation & Department:** | | **Last Drawn Salary (CTC):** |
| **Type of Employment: Permanent [ ] Contractual [ ] Part time [ ] Full Time [ ]** | | |
| **Supervisor’s Name & Designation:** | | **Supervisor’s Direct Number & Mail Id:** |
| Can the employer be contacted now? [ ] Yes [ ] No | | |
| If not, then provide an alternate date: Reason for Leaving: | | |
| **Employment – 2** | | |
| **Name of Company:** | | |
| **Company Address**  **(Where you were employed )** | **Building No & Street:** | |
| **City:** | **State:** |
| **Pin:** | ** (Landline):** |
| **Period of employment:** | | **Employee ID:** |
| **Designation & Department:** | | **Last Drawn Salary (CTC):** |
| **Type of Employment: Permanent [ ] Contractual [ ] Part time [ ] Full Time [ ]** | | |
| Can the employer be contacted now? [ ] Yes [ ] No | | |
| If not, then provide an alternate date: Reason for Leaving: | | |

|  |  |  |
| --- | --- | --- |
| **Employment – 3** | | |
| **Name of Company:** | | |
| **Company Address**  **(Where you were employed )** | **Building No & Street:** | |
| **City:** | **State:** |
| **Pin:** | ** (Landline):** |
| **Period of employment:** | | **Employee ID:** |
| **Designation & Department:** | | **Last Drawn Salary (CTC):** |
| **Type of Employment: Permanent [ ] Contractual [ ] Part time [ ] Full Time [ ]** | | |
| Can the employer be contacted now? [ ] Yes [ ] No | | |
| If not, then provide an alternate date: Reason for Leaving: | | |

# **Note: Please attach legible photocopies of the following documents relevant to the entries above.** 1) Relieving Letter 2) Experience certificate 3) Salary Slip

**Certification by Candidate**

I certify that the information provided in this form is true and correct to the best of my knowledge.

I authorize ***‘Mindtree’ or its agency*** to verify my credentials.

I understand that if any information furnished by me is found to be false, I could be denied employment/be terminated.

I will cooperate and facilitate the process of verification of my credentials.

Signature of the Candidate

Place:

Date:

**Authorization Letter**

To whomsoever it may concern

I hereby authorize Mindtree Ltd. to verify my background credentials from its authorized vendors, which includes my current/previous Employment history, Educational/Professional Credentials and my Criminal/Address background check.

Mindtree verification vendors may obtain appropriate information from different sources as per the details mentioned in my application form submitted to my Employer, which includes Employment history from my current/previous employer. Educational/Professional Credentials to be checked from School/College/University/Autonomous institute and my Criminal/Address background check from Civil/Credit violations records.

Mindtree verification vendors reserve the rights to obtain appropriate information from any individual, corporation or any confidential information deemed necessary to check my credentials and furnish the same to my employer.

I unconditionally release all concerned parties from all liabilities that might arise as a result of my background verification check and also do not hold responsible, any individual, corporation or private and public entity as a consequence of this check.

I also authorize release of this information in original, fax or photocopy form as deemed necessary and authenticate the validity of the same.

**Name of the Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**