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JOINING DECLARATION & VERIFICATION FORM

Please fill in this application form accurately. Incomplete forms may lead to disqualification from our selection process.

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| **Basic Information** | | | | | |
| **Full Name**  **(First/Middle/Last)** | **First : RAVI** | | **Middle KUMAR** | **Last: RANJAN** | |
| **Father’s Name** | **SANTOSH SINGH** | | **DOJ (dd-mmm-yyyy)** | **10/08/2020** | |
| **Gender** | **MALE** | | **DOB (dd-mmm-yyyy)** | **20/01/1996** | |
| **Employee Type** | **Employee ** | | **Ind Consultant : YES** | **Vendor-Pass-through ** | |
| **Mobile No** | **9534263195** | | **Landline No** |  | |
| **Email Id** | [**RK.RANJAN96@GMAIL.COM**](mailto:RK.RANJAN96@GMAIL.COM) | | **Blood Group** | **O+** | |
| **Citizenship** | **INDIAN** | | **PAN No** | **BUGPR6689K** | |
| **Aadhar Card No** | **777980203756** | | **UAN No** | **101491831053** | |
| **Driving License No** |  | | **Passport No** |  | |
| **Address Information** | | | | | |
| **Present Address** | **Mra men’s hostel, Roopena Agrahara,** | | | | |
| **City** | **Bangalore** | **State** | **Karnatka** | **Pin code** | **56068** |
| **Permanent Address** | **BILL POST – GOSAINDIH, PS – NABINAGAR** | | | | |
| **City** | **AURANGABAD** | **State** | **BIHAR** | **Pin code** | **824301** |
| **Emergency Address** |  | | | | |
| **City** |  | **State** |  | **Pin code** |  |
| **Landline No.** |  | | | | |

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| **Dependents Data** | | | | | |
| **Relationship** | **Name** | **Date of Birth**  (dd-mmm-yyyy) | **Age** | | **Contact No** |
| **Father** | **SANTOSH SINGH** | **25/01/1968** |  | | **9931328205** |
| **Mother** | **Gita devi** | **06/08/1971** | **50** | | **9162874602** |
| **Spouse** |  |  |  | |  |
| **Child1** |  |  |  | |  |
| **Group Personal Accident Policy Nominee Details** | **Name** | | | **Relationship** | |
| **Gita Devi** | | | **Mother** | |

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| **Education Information** | | | |
| **Educational Record - Post Graduation** | | | |
| **College Name and Address** |  | | |
| **From (Start date)**  ***(month / year)*** | **To (End date)**  ***(month / year)*** | **Graduation date**  ***(month / year)*** | **Grade** |
|  |  |  |  |
| **Type of degree/ Major Subject** | **Roll No/Enrollment No.** | **Program  Full Time  Part Time** | |
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| **Educational Record -Graduation** | | | |
| **College Name and Address** | **MUZAFFARPUR INSTITUTE OF TECHNOLOGY, MUZAFFARPUR, BIHAR** | | |
| **From (Start date)**  ***(month / year)*** | **To (End date)**  ***(month / year)*** | **Graduation date**  ***(month / year)*** | **Grade** |
| **JUNE 2014** | **JULY 2019** | **JULY/2019** | **A** |
| **Type of degree/ Major Subject** | **Roll No/Enrollment No.** | **Program  Full Time(YES)  Part Time** | |
| **INFORMATION TEHNOLOGY** | **14106107183** |
| **Educational Record –Degree I** | | | |
| **College Name and Address** | **COLLEGE OF COMMERECE, PATNA** | | |
| **From (Start date)**  ***(month / year)*** | **To (End date)**  ***(month / year)*** | **Graduation date**  ***(month / year)*** | **Grade** |
| **JULY 2011** | **July 2013** | **JULY 2013** | **A** |
| **Type of degree/ Major Subject** | **Roll No/Enrollment No.** | **Program  Full Time(YES)  Part Time** | |
| SCIENCE | 10645 |
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| **Employment Information** | | | | | | | | | | |
| **Total Work Experience** | | **11 MONTH``** | | | **Relevant Work Experience** | | | | **11 MONTH** | |
| **Previous Employment Details** | | | | | | | | | | |
| **Company (1)**  **Name**  **Address**  **Telephone** | | **Hofincons (A Division of Quess Corp Limited)**  MSS, Golden Enclave, B1 Wing, 6th Floor,  HAL Old Airport Road, Murgesh Palya,  Bengaluru - 560 017, Karnataka, India | | | | | | | | |
| **Designation** | | **ASSOCIATE SOFTWARE DEVELOPER** | | **Start Date** | | **09/09/2019** | | **End Date** | | **10/08/2020** |
| **Employee Code: 2001352269** | | | **Name of Reporting Manager/**  **HR Contact Information**  **Email Id** | | | | **SHIVARAMAN** | | | |
| **Annual CTC** | **3.2 LAKH** | | | **Reason(s) for Leaving:** | | | **CONTRACT ENDING** | | | |
| **Remarks** |  | | | | | | | | | |
| **Previous Employment Details** | | | | | | | | | | |
| **Company (2)**  **Name**  **Address**  **Telephone** | |  | | | | | | | | |
| **Designation** | |  | | **Start Date** | |  | | **End Date** | |  |
| **Employee Code:** | | | **Name of Reporting Manager/**  **HR Contact Information**  **Email Id** | | | |  | | | |
| **Annual CTC** |  | | | **Reason(s) for Leaving:** | | |  | | | |
| **Remarks** |  | | | | | | | | | |
| **Previous Employment Details** | | | | | | | | | | |
| **Company (3)**  **Name**  **Address**  **Telephone** | |  | | | | | | | | |
| **Designation** | |  | | **Start Date** | |  | | **End Date** | |  |
| **Employee Code:** | | | **Name of Reporting Manager/**  **HR Contact Information**  **Email Id** | | | |  | | | |
| **Annual CTC** |  | | | **Reason(s) for Leaving:** | | |  | | | |
| **Remarks** |  | | | | | | | | | |

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| **Skills** | |
| **Primary Skills** | **Angular, HTML, CSS, Bootstrap, Core java** |
| **Secondary Skills** | **Spring Boot, React Native** |

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| **Other Certification Information** | | | |
| **Course Name/Certifications** | **Year** | **Certification No.** | **Name of the Institute and Address** |
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| **Reference Section** | |
| Please provide the details of **two professional references of your previous employers**. We will not contact your present employer until your consent is provided. **Note: No friends/ relatives references.** | |
| **Name & Position Held:** | **Name & Position Held:** |
| **Umang Mishra** | **Swathi Nair** |
| **Company Name:** | **Company Name:** |
| Micro Focus | Micro Focus |
| **Address:** | **Address:** |
|  |  |
| **Tel. No: 7992396965** | **Tel. No:9620628985** |
|  |  |
| **Association:** | **Association:** |
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**DECLARATION**

**I certify that the above information is correct and true with the best of my knowledge.**

**I understand that any employment by Avila It solution PVT Ltd is conditioned upon positive responses from my references, continued adherence company’s policies and procedures.**

**I consent to take any pre or post-employment examinations as may be required**

**I authorize an inquiry to be made on the information contained on this application. Former employers and officials of education institutes, named on this application are authorized to give information about me and I release them from all liability for issuing such information.**

**Employee name: RAVI KUMAR RANJAN Name of the HR:**

**Date: 06/08/2020 HR Verifier signature:**

**Sign: Ravi Kumar Ranjan**