APPLICATION FOR EMPLOYMENT Applicant No / Emplyee ID Date of Joining / Interview Full Name (First, Middle Last)
ZEES HAN ALI Former Name / Maiden Name (if applicable) Fathers Name Date of Birth (ddlmm/yy) MD. ISLAM 07-02-90 Social Security Number (if appl Nationality Marital Status Male Single NA Female Current Address 501, Khizra Residency Period of stay
Mini Boindvan Colony, Tolichowki From (mm/yy)
Hyderabad - 500008
Prominent Landmark Residence Number 10 Months From (mm/yy) 01-2018 994021558 2— Mobile number 10-2018 Permanent Address Gulzar Bog, Maliabruz Maheshtalla, South 24 Parganas, Kofkala - 700066 Prominent Landmark Gulistan Masjid Period of stay 30 years Residence Number From (mm/yy) 02-1990 To (mm/yy) 8420624280 10-2018 Period of stay Address State Country Zip code Contact number From (mm/yy) To (mm/yy) 28 years Gulzar Bag, West Bengal
02-90 to 10-18 Matiabraz, Maheshtalla India
South 24 Pargams 700066
Kolkala700066 8620624280 8910641087 (Rizwan) Brother. Educational qualification - Please attach copy of degree and final year mark sheet College name and address University name and address Qualification gained ID / Roll No. From (dd/mrn/yy) To (dd/mm/yy) Aliah University, Aliah University A/27, AA, Newtown, Kolkata Newtown, Kolkata 01/09/09 to Full time ECEO9417 30/09/13 Part time ____ 100160 Please tick mark the occuments submitted for this qualification along with this form Marksheet Provisional certificate Degree certificate None Dates Type of certification Institute name Qualification gained ID / Roll No. From (dd/mm/yy) To (dd/mm/yy) Full time [Subject major Part time

Degree certificate

None None

Please tick mark the occuments submitted for this qualification along with this form

Provisional certificate

Marksheet

		ast 2 employers) - Current Employer	
		— eg. If Co. Is closed, do mention It. Emplo on and state reasons for the same.	byee Code / ID/ Number is mandatory. I
Name of Current Employer			2.4
Virtusa		Sy No. 115, Nanakrama	uda, Ranga Reddy
		Sy No. 115, Nanakramo, district, Hyderabad, Desigation Associate Consultation	Telangana 500032
Telephone No	Employee Code/No	Desigation	Department
040 4452 8000	8037496	Accociate Consulfa	A NA
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Employment Period	Manager's Name	Manager's contact No.	Can a reference be taken now?
From (mm/yy) To (mm/yy)	Padma Swamy	Manager's contact No. 958/666628 Manager's Email ID	_
06/17 to 11/18	•	Manager's Email 10	Yes
Duties and responsibilities		Reson for leaving For Lather Opertunity	No
Automation To	st Engineer	For settler operaing	
First salary drawn	Was this position	Agency Details (if temporary or contractual)	, provide details
Last salary drawn	Permanent		
RS - 38000/	Temporary Contractual		
Please tick mark the documents	s submitted for this employment	· · · · · · · · · · · · · · · · · · ·	
Relieving letter	Service certificate	Offer Letter	None
Trond ving loce	Oct vice contineate	One Letter	None
Any other (Please specif	1 0		
Ally other (Flease specin	y)		
Employment History (Last 2 e	mployers) - Please attach a'c	opy of your relieving letter / service certific	ate
Note: Ensure that you are des	criptive wherever necessary	— eg. if Co. is closed, do mention it. Emplo	yee Gode / ID/ Number is mandatory. (
your previous employer did in Name of Employer (1)	or provide one, please mentic	on and state/reasons.for.the/same. Address of Employer	
, , , ,		602/3 Elcot, Sholing	amallur
HCL Teer	hnologis Ltd.	2/200 1 100/19	
Telephone No		Chennai - 600/19 Desigation	I Donordonost
	Employee Code/No	IDESIGNION	Department
044 6105 0000	51527588	Software Engineer	
Employment Period	Manager's Name	Manager's contact No.	Manager's Email ID
From (mm/yy) To (mm/yy)	Srinivas H.		
10/14 to 05/17	0,7,7,7,7	99 45211769	
Duties and responsibilities		Reson for leaving	
Test Enig	ineer	for better opurtur	ily
First salary drawn	Was this position	Agency Details (if temporary or contractual),	
RS 180007	Permanent	,	
Last salary drawn	Temporary		
Please tick mark the oocuments			
Relieving letter	Service certificate	Offer Letter	None
Any other (Please specify	y)		

Employment History (Last 2 er Note: Ensure that you are desi your previous employer did no	nployers) - Please attach a cc criptive wherever necessary - ot provide one, please mentio	ppy of your relieving letter / service certifica → eg. If Co. is closed, do mention it. Employ n and state reasons for the same.	te ee Code / ID/ Number is mandatory. I
Name of Employer (2)		Address of Employer	
Telephone No	Employee Code/No	Desigation	Department
Employment Period From (mm/yy) To (mm/yy)	Manager's Name	Manager's contact No.	Manager's Email ID
Duties and responsibilities		Reson for leaving	
First salary drawn Last salary drawn	Was this position Permanent Temporary Contractual	Agency Details (if temporary or contractual), p	provide details
Please tick mark the oocuments		I	
Relieving letter	Service certificate	Offer Letter	None .
Any other (Please specify)			
	e (* Caralle de Carall	MARKET MINISTER STATE OF THE PROPERTY OF THE P	
Please account for all the gaps From 2008 Complete address and location	in educatio or employment o To 2009	uring your tenure Reason Preparing for JEt	
From 2013 Complete address and location	To 2019	Reason Searching job and	d waiting for offer latter
From Complete address and location	То	Reason	(eurer
	<u>Authorization/ </u>	Declaration and Undertakin	ıg:
I certify that the statements m misleading information may re		alid and complete to the best of my knowle	dge. I understand that false or
If upon investigation, any of th any time during my employme		e incomplete or inaccurate, I understand th	nat I will be subject to dismissal at
I hereby authorize XYZ Limite verify the information presente	ed, and/or any of its subsidied on this application form a	aries or affiliates, and any persons or orga nd to procure an investigation report or co	nization acting on its behalf to nsumer report for that purpose.
i hereby grant authority for the other pertinent information rec	e bearer to access or to be pr quested by the individual pre	rovided with full details of my previous recessenting this authority.	ord. In addition, please provide any
hereby release from liability a	dl persons or entities reques	ting or supplying such information.	
authorize to contact my prese		Ye No 🗆	
have read, understand, and b	y my signature consent to th	nese statements.	
Full Name: ZEESHAN ALI	Date: 17-0c1-18		
ZEESHAN ALI Signature: Toeblin ACi			