Candidate ID: 12672009						
FOR OFFICE USE ONLY	A B Status :					



INFOSYS LIMITED

Electronics City, Hosur Road, Bangalore - 560 100, India. Tel.: (080) 28520261. Fax: (080) 28520362.

Please affix your Passport Size Photograph here.

APPLICATION FOR FRESHERS									
NAME OF THE COLLEGE: Haldia Institute of Technology CITY: Haldia									
	(III DIOCK Letters)	KUMAR							
	(First Name)	/liddle Name) (Surname)							
PERSONAL DETAILS	ADDRESS FOR COMMUNICATION : House No. 1014, Chaity Block, Shahid Kshudiram Naga Cream Factory	DATE OF BIRTH (dd / mm / yyyy): 06/12/1997							
		GENDER (Please Tick 'ü') Male Female							
	City: HALDIA State: West Ben	CITIZENSHIP:							
Д	Country: India Pin Code: 721657	DO VOLLIAVE A DASSPORTS							
	Preferred Contact Number: 9608614201	DO YOU HAVE A PASSPORT? Yes No							
	Alternate Contact Number :	E-mail: satishsinha3922@gmail.com							
EDUCATION	EDUCATION LEVEL	X STD	XII STD / EQUIV.	GRADUATION	POST GRADUATION	DIPLOMA / OTHERS			
	Name of the Qualificatiion Awarded								
	Name of the Board / University			Maulana Abul Kalam Azad University of Technology-K					
	Name of the School / College	Saraswati Shishu Vidya Mandir	Saraswati Shishu Vidya Mandir	Haldia Institute of Technology					
	State			West Bengal					
	Branch / Stream / Area of Specialization			Computer Science					
	Simple Average Percentage / CGPA / Grade *	8.2	75.5	7.98					
	Month and Year of Passing			05 / 2019					
	* ALL PERCENTAGES / CGPA SHOULD BE SIMPLE AVERAGE FOR ALL YOUR SUBJECTS / SEMESTERS / YEARS, INCLUDING ELECTIVES, OPTIONAL SUBJECTS, ADDITIONAL SUBJECTS, PRACTICAL SUBJECTS AND LANGUAGES.								
ANY ACTIVE BACKLOGS? YES Number of active backlogs: NO									
GAPS IN EDUCATION (IF ANY):Years. Reason:									
VER	VER 1C 1 of 2 HRD/REC/F/013								

	PLEASE WRITE 'NA' IF NOT APPLICABLE. Specify clearly in case of part time / contract work experience.			Notice period r	(in	(in weeks)				
WORK EXPERIENCE	ORGANIZATION	PEF	PERIOD(MM / YYYY)		DESIGNATION	GROSS	REASON FOR	LEGAL OBLIGATIONS.		
		FROM	то	DURATION	DESIGNATION	SALARY	SEPARATION	IF ANY (Y/N)		
EXPE										
NORK										
	HAVE YOU UNDERGONE AN	SELECTION F	PROCESS \	WITH INFOSY	S OR INFOSYS GRO	UP				
	COMPANIES (LIKE INFOSYS BPO, ETC.) PREVIOUSLY?									
MISCELLANEOUS	IF YES, HAVE YOU - TAKEN ANY TEST?		INFOSYS		OTH RELEVANT DATES	ER INFOSYS	S GROUP COMPANIES	IT DATES		
	- BEEN SELECTED FOR INTE	NO RVIEW ?	Y	'ES	N	0 🗌	YES			
	- BEEN MADE AN OFFER ?	NO	Y	ES	N	0 _	YES			
	- JOINED ?	NO	Y	ŒS	N	0	YES			
		NO	Y	′ES	N	0 📗	YES			
	ARE YOU EMPLOYED AS: 1. A DIRECTOR IN ANY OTHER COMPANY? YES NO									
ELLA	2. A PARTNER IN ANY FIRM ? YES NO									
MISC	IF YES, PLEASE PROVIDE DETAILS									
	ARE YOU CURRENTLY EMPLOYED WITH ANY OF THE INFOSYS GROUP COMPANIES ? YES NO									
	IF YES, INFOSYS BPO OTHERS Please Specify									
	Have you at any time been convicted by a court of India for any criminal offence and sentenced to imprisonment, or are any criminal proceedings pending against you before a court in India, or has an order prohibiting your departure from India, been issued by a court?									
	YES NO									
	If yes, please give details of the same									
	I certify that the academic marks / CGPA are simple average for all subjects / semesters / years including electives,optional subjects,additional subjects, practicals and languages.									
NOI	I authorize investigation of all statements made in this application and my supporting documents. I authorize Infosys to secure information about my experience from former employers, educational institutions, government agencies or any references I have provided, and for those parties to provide information concerning my qualifications for employment and I hereby release all parties from any liability arising from such investigation.									
DECLARATION	I understand that if I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false, may result in my immediate dismissal. The company will have the right to withdraw my letter of appointment or to terminate my training / subsequent appointment at any time without notice or compensation.									
	My signature below certifies that I have read, understood, and agree to the foregoing and to the best of my knowledge and belief, the information on the application form is true and correct.									
	Date : Signature:									
	Data of Took / Intensions .									
FOR OFFICE USE ONLY	Date of Test / Interview :									
	Result : Selected F	lold Reje	cted (PI	ease ' Ü')						
<u>F</u> ⊃	Name : Signature :									
VER	ER 1C 2 of 2 HRD/REC/F/013									