

CANDIDATE INFORMATION FORM

MANDATORY FIELDS	
Name of the Candidate	
Father's Name	
Date Of Birth	
Mobile No.	
Email ID	
PAN Card No	
Passport No	
SSN No (If Applicable)	

EDUCATION INFORMATION	
Course Name	
Registration No	
Duration	From (Month&Year): To(Month&Year):
Year of passing	
Specialization	
Name & Address of the College/Institution	<div style="border-bottom: 1px dashed black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 1.2em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> City _____ Pincode _____ </div>
Name & Address of the University	<div style="border-bottom: 1px dashed black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 1.2em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> City _____ Pincode _____ </div>

MANDATORY: Attach Degree Certificate or Provisional Certificate + Consolidated Mark sheet or All Semesters' Mark Sheets

PREVIOUS EMPLOYMENT INFORMATION (Leave this blank if not applicable)	
Company Name	
Company Address	<div style="border-bottom: 1px dashed black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dashed black; height: 1.2em; margin-bottom: 2px;"></div> <div style="display: flex; justify-content: space-between;"> City: _____ Pincode _____ </div> <div>Landline Phone number: _____</div> <div>Website: _____</div>
Employee ID No.	
Designation	
Department	
Period of Employment	Joining Date: Relieving Date:
Employment Status	Full-time Employee <input type="checkbox"/> Contract Employee <input type="checkbox"/>
Monthly Salary (Net Earning)	
Reason for Resignation	
Reporting Manager Name	
Designation	
Contact No.	
Email ID	

HR Manager Name	
Contact No	
Email ID	

MANDATORY: Attach any one of the following with this form as employment proof:
Attach Relieving letter, Experience or Service Certificate, Last 3 months' payslip & Letter of Authorisation

Please list down the document proofs attached with this form:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.