**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 | -----------------------------------------------------------------------------  -----------------------------------------------------------------------------  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pincode\_\_\_\_\_\_\_\_\_ |
| Name & Address of the University | -----------------------------------------------------------------------------  -----------------------------------------------------------------------------  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pincode\_\_\_\_\_\_\_\_\_ |

**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 | -----------------------------------------------------------------------------  -----------------------------------------------------------------------------  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pincode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Landline Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employee ID No. |  |
| Designation |  |
| Department |  |
| Period of Employment | Joining Date: Relieving Date: |
| Employment Status | Full-time Employee Contract Employee |
| 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:**