CANDIDATE INFORMATION FORM

MANDATORY FIELDS		
Name of the Candidate	Subahanumanth C	
Father's Name	chandra Sekasi S	Halle
Date Of Birth	27/04/1999	
Mobile No.	9597266951	
Email ID	Subahanumanth. Ibei @ Kct. ac. in	
PAN Card No	MKHPS 9772C	
Passport No		
Aadhaar No	8711 7935 8945	
SSN No (If Applicable)	3111 133 0 (43	

RESIDENCE ADDRESS DETAILS				
Permanent Address	Town/City: Viruelhunagan Pincode 626001 Landmark Near Income tex office Phone 9597266951			
Type of residence	Own House Rent PG Others(mention)			
Duration of Stay	From (Month&Year): To(Month&Year):			
Residence Contact Number	9597266951			
Current Address (Leave blank if same as above)				
	Town/City:Pincode			
Turn of weil	LandmarkPhone			
Type of residence	Own House Rent PG Others(mention)			
Duration of Stay	From (Month&Year): To(Month&Year):			
Residence Contact Number				

MANDATORY: Attach copy of any of the following as address proof for EACH ADDRESS:
Any Govt. recognised valid address proof such as Voters ID or Driving License or Aadhar Card or Gas
Bill

B.E/Electronius and Instrumentation		
16BEI036		
From (Month&Year): August & 2016 To(Month&Year): September & 20		
2020		
Electronius and Instrumentation		
Kumaragurus college of to hnology & Athipalogam		
koad chinavadampatti, Coimbatoro, Tamilradu		
City Coimbatoge Pincode 641049		
Anna uninosity		
Guindy		
City chonoi Pincode 600025 gree Certificate or Provisional Certificate or Consolidated Mark		

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

PREVIOUS EMPLO	OYMENT 1 INFORMATION (Leave this blank if not applicable)
Company Name		
Company Address		
	City: Landline Phone number:	Pincode
	Website:	
Employee ID No.		
Designation		
Department		Policying Date:
Period of Employment	Joining Date:	Relieving Date:
Employment Status	Full-time Employee	Contract Employee
Monthly Salary (Net Earning)		
Reason for Resignation		
Reporting Manager Name	The second secon	The state of the s
Designation		The second second second second second
Contact No.		
Email ID	Talana da na tanagana	and the same the same at the same of the s
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

Company Address		
	City:	Pincode
	Landline Phone number:	
	Website:	
Employee ID No.		and the state of t
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		The second secon
HR Manager Name		
Contact No		

Colleague Friend [

Reference Person Name

Current Employer name
Current designation
Address of the Company

Nature of relationship

Contact Number

Email ID

Others

Declaration and Authorization

I hereby authorize M/s Aspire Systems (India) Private Limited and its authorized representative(s) to verify information provided in my resume and application of employment, and to conduct enquires as may be necessary, at the company's discretion.

I authorize all persons who may have information relevant to this enquiry to disclose it to Aspire Systems (India) Private Limited or its representative(s). I release all persons from any and all liabilities on account of such disclosure

I hereby authorize the concerned authorities to dispatch my confidential reports to Aspire Systems (India) Private Limited or to its authorized representative(s).

Signed: Show

Name: Subahanu mounth. c

Date: 30/10/2020

1. Acother cord.
2. corose completion certificate
3.
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6.
7.
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9.





இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்ப

இந்திய அரசாங்கம் Unique Identification Authority of India Government of India

பதிவு அடையாளம் / Enrollment No.: 0632/23090/03069

То

சுப ஹனுமந்த் ச Suba Hanumanth C

ო C/O S.O Chandrasekar

130 A/1 KATCHERI ROAD

Virudhunagar

Virudhunagar

Virudhunagar Virudhunagar

Tamil Nadu

8 626001

9597266951





உங்கள் ஆதார் எண் / Your Aadhaar No. :

8711 7955 8945

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்

Government of India



சுப ஹனுமந்த் ச Suba Hanumanth C பிறந்த நாள் / DOB : 27/04/1999 ஆண்பால் / Male



8711 7955 8945

எனது ஆதார், எனது அடையாளம்







தகவல்

- ஆதார் அடையாளத்திற்கான சான்று குடியுரிமைக்கு அல்ல .
- அடையாள சான்றை இணையதளம் மூலம்
 உறுதிப்படுத்திக் கொள்ளவும்.

INFORMATION

- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.

- ஆதார் நாடு முழுவதிலும் செல்லுபடியாகும்.
- வருங்காலத்தில் அரசு மற்றும் அரசு சாரா சேவைகளை பயன்படுத்திக் கொள்ள ஆதார் உதவிகரமாக இருக்கும்.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



ிந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

Unique Identification Authority of India

முகவரி: c/O த.பெ சந்திரசேகர், 130 எ/1, கச்சேரி ரோடு, விருதுநகர், விருதுநகர், தமிழ் நாடு, 626001

Address: C/O S.O Chandrasekar, 130 A/1, KATCHERI ROAD, Virudhunagar, Virudhunagar, Tamil Nadu, 626001



8711 7955 8945







CCC No. 14783



Course Completion Certificate

Certified that Mr. / Ms. SUBAHANUMANTH C
Roll No. 16BEI036
was a student of this college from 07/07/2016 to September - 2020
He/She has completed the prescribed course of study for
D E Electronics & Instrumentation Engineering
B.E Electronics & Instrumentation Engineering
of Anna University, Chennai.

Principal

PRINCIPAL

Kumaraguru College of Technology

Colmbatore - 641049

P.B.NO. 2034, COIMBATORE - 641 049, TAMILNADU, INDIA, Tel: +91 422 266 1100 / info @kct.ac.in / www.kct.ac.in (An Autonomous Institution Established in 1984, Affiliated to Anna University Chennai, Approved by AICTE, New Delhi, Accredited by NAAC)