

EMPLOYMENT FORM

PERSONAL INFORMATION

TITLE (MR/MS/DR)	CONTACT NOS. (MOBILE & LANDLINE)
MR	9043429844
JARA Kuman	JABA 2412@gmail.com
LAST NAME PAUL PAT DATE OF BIRTH (DD/MM/YY) SAH/12 28 FATHER'S NAME & Contact No.	NO: 2B, 6THCROSS STREET NETHALI COLONG, VELACHERS CHENNAI - 6000H2
R. PAULPAT 9383673701 MARITAL STATUS M	LANDMARK: PERIOD OF STAY (FROM - TO): (2000 - Till Date)
HUSBANDIWIFE'S NAME & CONTROL NO. M. AJITHA 9585492245 EMERGENCY CONTACT: NAME & RELATIONSHIP: AJITHA (WIFE) CONTACT NO.: 9585492245 CONTACT ADDRESS: NO'23 BITH CROSSTREET HETHALI COLONY, VELACHERY CHEHMAI - 600042	PERMANENT HOME ADDRESS: Ala 28. GTYCROSC STREET NETHOLI COLONY, VELACHERY CHEMNAI - 600042 LANDMARK: PERIOD OF STAY (FROM - TO): (2000 - TILL DOGO)

ACADEMIC INFORMATION - EDUCATION & LANGUAGES

QUALIFICATION	DEGREE & SPECIALIZATION	INSTITUTE/UNIVERSITY	LOCATION	Start year	End year	MARKS / GPA
Secondary	SSLC	MONFOR HIGHER SECONDAPUSCHOOL CHEMMAN	CHENHAI	2003	2004	65.2
Higher Secondary	DIPLOMA	JAYARAJ AHRAPAKA CSI POLYTECH COllege	MAJARE	H 2004	2007	-19.5
Graduation	BE	JERUSAIEM College Of eng	CHEMINAT	2007	2016	64.8
Post Graduation			2			
SSN No. if studied over	erseas		- 1			



SHORT TERM	Courses			

EMPLOYMENT INFORMATION - PRESENT & PAST

CURRENT EMPLOYMENT

PRIVATE LIMITED	Looking for a CHANGE	H. IH LAC
EMPLOYEE CODE:	DESIGNATION ANALYST	GIRETTA TOWERS, PHASE!
DD/MMYY OS/11/2012 TO TILL DATE	CONTRACT OR FULL TIME EMPLOYMENT	Industrial Estate, perungul, CHENNAI- 96
MANIFORMAN 6665 6665 BJT - 622	NO: ST THAPAH 98842 89304	OH4-6665 6665

PAST EMPLOYMENT

NAME OF EMPLOYER ADA INDIA	HO PROJECT	1.18 LAC
EMPLOYEE CODE: ADA 2011010	SOFTWAPE DEVELOPER	ODDO:68 Hemo.30
PERIOD OF EMPLOYMENT (FROM - TO) DD/MM/YY OH - 2-2011 to 3-11-245	CONTRACT OR FULL TIME EMPLOYMENT	Scholoppet, chemoi- 15
HR MANAGER'S NAME AND CONTACT NO.:	REPORTING MANAGER'S NAME AND CONTACT NO.:	CONTACT NO. (LANDLINE) HH-30623392

NAME OF EMPLOYER	REASONS FOR LEAVING	SALARY DRAWN
EMPLOYEE CODE:	DESIGNATION	ADDRESS OF EMPLOYER
PERIOD OF EMPLOYMENT (FROM - TO)	CONTRACT OR FULL TIME EMPLOYMENT	
HR MANAGER'S NAME AND CONTACT NO.:	REPORTING MANAGER'S NAME AND CONTACT NO.:	CONTACT NO. (LANDLINE)



NAME OF EMPLOYER	REASONS FOR LEAVING	SALARY DRAWN
EMPLOYEE CODE:	DESIGNATION	ADDRESS OF EMPLOYER
PERIOD OF EMPLOYMENT (FROM - TO) DD/MM/YY	CONTRACT OR FULL TIME EMPLOYMENT	
HR MANAGER'S NAME AND CONTACT NO.:	REPORTING MANAGER'S NAME AND CONTACT NO.:	CONTACT NO. (LANDLINE)

COMPENSATION (FIGURES ON ANNUAL BASIS) & NOTICE PERIOD

BASIC	17,250	COMPANY CAR		OTHER 2	
HRA/CLA	9625	FUEL & MAINTENANCE		OTHER 3	
MEDICAL	1250	FURNISHINGS		PROVIDENT FUND	1800
LTA		BONUS/INCENTIVES		SUPERANNUATION	
CONVEYANCE	1600	LOANS		GRATUITY	
SPL. ALLOWANCE	1975	OTHER 1	2000	TOTAL (CURRENT COST TO COMPANY)	32700
EXPECTED CTC	6:5Lac	Official Notice Period at Current Employment:	3 month	If selected, would you be able to shorten the notice period? Do you have a buy out option?	2 month

PASSPORT & TRAVEL INFORMATION

Netionality: 1MDIAH		
In case you do not hold a valid Indian passport, please cor	nfirm and specify work permit details:	
Are you willing to travel?		
Are you willing to sign the Overseas Travel Agreement in o	case you are required to travel?	
YES	see you are required to variety	
Do you posses valid visa for any country?		
Have you ever been rejected visa for any country?If yes, pleas	se provide information	
PASSPORT NO. K6151102	DATE OF ISSUE 5/11/2012	DATE OF EXPIRY H 11/200
	4.7	



GENERAL INFORMATION

Are you willing to work in shifts if required?	
YES	
Do you have any relatives employed by vERITY? If yes, give details	
Have you ever been arrested or convicted of any criminal charge? If yes give details.	
HO	
lave you committed any act or been indirectly involved in transactions which led to or resulted in any legal action against you? If yes g	ive details.
lave you ever declared bankruptcy? If yes give details.	
NO	

LANGUAGES

LANGUAGE	WRITE (HIGH/MEDIUM/LOW)	READ (HIGH/MEDIUM/LOW)	SPEAK (HIGH/MEDIUM/LOW
ENGUSH	HIGH	HIGH	Hom
Tamil	Hica	HIGH.	HIGH

FAMILY INFORMATION

NAME	ASITHA	11-06-1990	3 16
CHILD NAME	TEDDISHA CHRIS	25/3/2016	MALE / FEMALE FEMALE
CHILD NAME		DATE OF BIRTH	MALE / FEMALE
CHILD NAME	3	DATE OF BIRTH	MALE / FEMALE

D.R.L.



I CONFIRM THAT ALL THE INFORMATION PROVIDED HEREIN IS PROVIDED VOLUNTARILY AND IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE.

I HEREBY GIVE VERITY KNOWLEDGE SOLUTIONS PVT LTD, ITS BRANCHES, SUBSIDIARIES AND AFFILIATES THE RIGHT TO VERIFY THE INFORMATION PROVIDED ABOVE AND ANY EMPLOYMENT DATA OR ANY OTHER DATA SUBSEQUENTLY PROVIDED TO THE VERITY FOR THE PURPOSES OF DETERMINING THE SUITABILITY OF MY EMPLOYMENT AND QUALIFICATIONS, INCLUDING BUT NOT LIMITED TO CHECKING FOR ANY EXISTING OR POTENTIAL CONFLICTS OF INTEREST OR ANY OTHER RESTRICTIONS WHICH MAY OTHERWISE RESTRICT OR PREVENT MY EMPLOYMENT WITH THE VERITY, AND MAY COVER, AMONGST OTHERS, BACKGROUND CHECKS, EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS, EMPLOYMENT AND PERSONAL HISTORY/REFERENCES, CREDIT/BANKRUPTCY SEARCHES, CRIMINAL RECORDS AND MANDATES/EXTERNAL DIRECTORSHIPS.

I UNDERSTAND AND ACCEPT THAT IF I CHOOSE NOT TO PROVIDE ANY PERSONAL DATA/INFORMATION AS REQUESTED BY THE VERITY OR IN ANY WAY PREVENT THE VERITY FROM CARRYING OUT ANY PART OF ITS VERIFICATION PROCESS OR IF ANY ANSWERS OR STATEMENTS MADE OR PROVIDED UPON MY APPLICATION FOR EMPLOYMENT OR SUBSEQUENT THERETO ARE FALSE, OR ARE PROVEN TO BE FALSE IN THE COURSE OF THE ABOVE MENTIONED VERIFICATION PROCESS, I MAY BE DENIED BENEFITS, PROMOTIONS, TRANSFERS AND/OR EMPLOYMENT OR CONTINUED EMPLOYMENT AS A RESULT OF MY DECISION AND I SHALL NOT BE ENTITLED TO MAKE ANY CLAIM AGAINST THE VERITY FOR ANY DAMAGES, COMPENSATION OR REDRESS WHATSOEVER.

I ALSO GIVE MY CONSENT TO UNDERGO THE MEDICAL FITNESS TEST TO BE CONDUCTED BY A COMPETENT MEDICAL AUTHORITY, AS PRESCRIBED BY VERITY KNOWLEDGE SOLUTIONS PVT. LTD.

SIGNATURE:

DATE: 15 9/16