

**Employment Application Form**

**For internal use only: To be filled by TAMS HR**

Employee ID Number: TA0848  
 Date of Joining : 22nd Jan 2018  
 Designation : Associate Consultant  
 Employment Type : ☒ Permanent ☐ Contract

Please attach recent  
 passport size  
 photograph

**Personal Details**

Please expand initials in your name -- As the same would be used in our Employment records

Title (Mr./Ms.)	First Name	Middle Name	Last Name
Mr.	Pandiri <del>Chinna</del> Swamy	Chinna	Swamy
Primary Skill / Competency			
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Nationality: <u>Indian</u> Citizenship: <u>Indian</u> Date of Birth : <u>30/06/1993</u> Place of Birth: <u>Yellamanchili</u> Maiden Name: (applicable for married females): ..... Father's Name: <u>Pandiri Chinna Rao</u> Mother's Name: <u>Pandiri Nagamani</u> Mother's Maiden Name: ..... Contact Number/s: <u>9066132698</u> Land Line No. : ..... Emergency Contact Person: <u>P. Gresh</u> Emergency Contact No: <u>9600047036</u> Personal Email ID: <u>Pandiri.Swamy12@gmail.com</u> Alternate Email ID: <u>Swami.pandiri@gmail.com</u>			
<b><u>Current Address:</u></b> P.Chinna Swamy , #29, Hudaliya layout, 6th cross, KPC layout Kasavanahalli, Sarjapur Road, Bangalore PIN : 560035 Karnataka		<b><u>Permanent Address:</u></b> S/o Chinna Rao, Door No: 9-17-135, Charamasaram Street, Yellamanchili MDL, Vishalakapattanam PIN: 531055, Andhra Pradesh	

# TAMS Infotech Private Limited

<b>Phone Number:</b> 9600047036		<b>Phone Number:</b> 0985371374		
<b>Period Of Stay</b>	<b>Current Address</b>		<b>Permanent Address</b>	
	<b>From (month/year)</b>	<b>To (month/year)</b>	<b>From (month/year)</b>	<b>To (month/year)</b>
	12/16	Present	06/1993	Present
<i>If you do not have a Passport, it is recommended that you apply for the same before joining.</i>				
Passport Number : _____				
Passport Issue Date: _____				
Passport Expiry Date : _____				
Place of Issue : _____				
Has your visa ever been rejected?: _____				
(If yes, please provide the following details)				
Date of rejection : _____				
For which country : _____				
Reason : _____				
<b>Permanent Account Number (PAN) :</b> <u>TEKPS8262E</u> (If applied, please present copy of acknowledgement receipt)				
<b>NASSCOM – NSR (National Skills Registry) – IT PIN Number:</b> _____				
<b>Unique Identification No:</b> _____ (If applied, please present copy of acknowledgement receipt)				
<b>Driving License Number:</b> _____				
<b>Driving License valid up to (mm/dd/yyyy):</b> _____				

Reference (Employer 1)	
Name and Designation :	Srawen Nagalapati
Organization :	Aplostech Pvt-Ltd
Relationship :	Project Manager
Address :	No.7, Skanda Nivas, 1st Cross, Mahadevapura, Pin: 560038, Bangalore
Telephone and Email ID :	ChaitanyaSrawen@gmail.com

Reference (Employer 2)	
Name and Designation :	
Organization :	
Relationship :	
Address :	
Telephone and Email ID :	

Reference (Employer 3)	
Name and Designation :	
Organization :	
Relationship :	
Address :	
Telephone and Email ID :	

## TAMS Infotech Private Limited

Education Details						
Qualification with Specialization (Starting from most recent)	Institution Name & City (School/College)	University Name & City / Board Affiliated To	Period (From – To) (dd/mm/yyyy)	Student ID / Reg No.	Program (Part Time / Full Time)	% age marks
B.Tech	Lenora college of Engineering	JNTU Kakinada	04/10/2010	10/05/2014	Full Time	70.1%
HSC/ 12 <sup>th</sup>	SRT college	A-P board	01/06/2008	04/04/10	Full Time	78.5%
SSC/ 10 <sup>th</sup>	St. Mary's Eng Medium School	State board	12/06/1996	01/04/2008	Full Time	72%
Others						
State reasons for gap in education (if any) :						



**Health History**

Blood Group: O +ve

Do you wear Spectacles : ☐ Yes ☒ No

If yes, specify the power - Right Eye ..... Left Eye .....

Do you suffer from any of below mentioned diseases

- ☐ Respiratory Disorder ☐ Heart Disease ☐ Tuberculosis  
☐ Blood Pressure ☐ Diabetes ☐ Asthma

Others – Specify: .....

Have you suffered from any ailments? If yes, specify.

- ☐ Malaria ☐ Jaundice ☐ Hernia ☐ Piles  
☐ Liver ailments ☐ Back Pain ☐ Others.....

Have you had any accident in the past? If yes, provide details

Have you undergone any surgery earlier? If yes, provide details

**Family History**

Please attach age proof for each family member

MEMBERS	NAME	DATE OF BIRTH	QUALIFICATION	OCCUPATION	DEPENDENT (Y/N)
Self	P. Ganapathi Sanyal	30/06/1993	B. Tech	Software Eng	
Spouse					
Child 1					
Child 2					
Mother	P. Chinna Nagamani	10/07/1978	Housewife	Housewife	Y
Father	P. Chinna Rao	25/12/1965	Driver -	Driver	Y

## Letter of Authorization

### To whom it may concern

If employed by TAMS Infotech Pvt. Ltd., I agree to provide copies of mark sheets and relevant certificates. I understand that employment with TAMS Infotech Pvt. Ltd. is governed by TAMS Infotech Pvt. Ltd. Employment Policies as applicable, including satisfactory information from a background verification check.

I hereby certify all of the statements made on the TAMS Infotech Private Ltd Employee Application Form are true and complete and I understand that omission or misrepresentation of any fact may result in refusal of employment or immediate termination/dismissal.

I hereby authorize TAMS Infotech Private Ltd and its representative to verify information provided in my resume and application of employment(Permanent /Contract), and to conduct enquiries 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 TAMS Infotech Private Ltd. or its representative. I release all persons from liability on account of such disclosure.

Signature : *P. Ganapathi Swamy*  
Name in Capitals : PANDIRI GANAPATHI SWAMY  
Date : 22/01/2018

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Signature of the Recruiter : \_\_\_\_\_  
Name of the Recruiter : \_\_\_\_\_  
Date : \_\_\_\_\_

\* The Signature of the recruiter needs to be present in case the application is sent as soft copy and does not have the signature of the candidate.

The hardcopy of the email received also needs to be submitted along with this form as an audit trail.