

**Employment Application Form**

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

Employee ID Number: TA0866  
Date of Joining : 19.12.18  
Designation : Trainee Consultant  
Employment Type : ☐ Permanent ☐ Contract



**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	Akshay	Balasaheb	Pandhare
Primary Skill / Competency	SAP SD		

Gender: ☒ Male ☐ Female Nationality: Indian Citizenship: .....

Date of Birth : 25/04/1990 Place of Birth: Nagpur

Maiden Name: (applicable for married females): .....

Father's Name: Balasaheb

Mother's Name: Vibha

Mother's Maiden Name: .....

Contact Number/s: 9823020064 Land Line No. : .....

Emergency Contact Person: Ankush Pandhare Emergency Contact No: 9970446144

Personal Email ID: akshaypandhareb@gmail.com

Alternate Email ID: .....

**Current Address:** 35<sup>th</sup> main, 5<sup>th</sup> cross  
KAS officers colony, BTM 2<sup>nd</sup>  
stage, Bangalore, 560076  
Ssiani Pg.

**Permanent Address:** Plot No 71,  
Ashray colony, Chatrapati  
Nagar, D.G. Tukum, New  
Gurudwara road, Chandrapur,  
Maharashtra - 442401

# TAMS Infotech Private Limited

<b>Phone Number:</b>		<b>Phone Number:</b> father - 9503516350		
<b>Period Of Stay</b>	<b>Current Address</b>		<b>Permanent Address</b>	
	<b>From</b> (month/year)	<b>To</b> (month/year)	<b>From</b> (month/year)	<b>To</b> (month/year)
	18-Dec-18	17-Dec-20	May/2000	still live
<i>If you do not have a Passport, it is recommended that you apply for the same before joining.</i>				
Passport Number : <u>k 4 9 7 0 8 7 7</u>				
Passport Issue Date: <u>23/05/2012</u>				
Passport Expiry Date : <u>22/05/2022</u>				
Place of Issue : <u>Nagpur</u>				
Has your visa ever been rejected?: <u>NO</u>				
(If yes, please provide the following details)				
Date of rejection : _____				
For which country : _____				
Reason : _____				
<p style="text-align: center;"><b>Permanent Account Number (PAN) :</b> (If applied, please present copy of acknowledgement receipt)</p> <p>NASSCOM – NSR (National Skills Registry) – IT PIN Number: _____</p> <p>Unique Identification No: <u>CUWPP3254k</u> (If applied, please present copy of acknowledgement receipt)</p> <p>Driving License Number: <u>MH34 20080012280</u></p> <p>Driving License valid up to (mm/dd/yyyy): <u>23-06-2028</u></p>				

## TAMS Infotech Private Limited

### Reference (Employer 1)

Name and Designation : Rahul singh (CEO)  
Organization : Spryter Technology Pvt. Ltd.  
Relationship : Manager  
Address : B2/13, sector 2, New Rajendra Nagar, Raipur.  
Telephone and Email ID : 9713985942, rahul07kruks11@gmail.com

### Reference (Employer 2)

Name and Designation : Mayank Saraswat (Operations)  
Organization : Spryter Technology Pvt. Ltd.  
Relationship : Colleague  
Address : B2/13, Sector 2, New Rajendra Nagar, Raipur.  
Telephone and Email ID : 8839135966, leopard9x@gmail.com

### Reference (Employer 3)

Name and Designation :  
Organization :  
Relationship :  
Address :  
Telephone and Email ID :



## Employment Details

Previous Employer's Description	Previous Employment 1	Previous Employment 2
Date of emp. From:	4-Jan-2016	22-Dec-2014
Date of emp. To:	30-April-2018	3-Jan-2016
Designation:	Sales Manager	Sales Person
Employee ID:		
Employment Type	Permenant	Permenant
HR Name:	Rahul singh	Rahul singh
HR Designation:		
Email:	rahul07kruks11@gmail.com	rahul07kruks11@gmail.com
Contact No.:	9713985942	9713985942
Supervisor Name:	Rahul singh	Sachin Jha
Supervisor Designation:	Director	Area manager/operations
Email:		
Contact No.	9713985942	8770566297
Last Drawn Salary		
Reason for leaving	Growth	New opportunity
Mode of Separation		
Employer Name:	spriggr Technology pvt. ltd.	Cash on Drive advertise and Marketing
Address: (Give Complete Address incl. Postal code, prominent landmark)	Sector 2, B/13, New Rajendra Nagar, Raipur	Sector 2, B/13, New Rajendra Nagar, Raipur
	Town/City: Raipur	Town/City: Raipur
	State: Chattisgarh	State: Chattisgarh
	Pin Code: 492001	Pin Code: 492001
Company Status:	Is company currently functioning? Yes / <input checked="" type="checkbox"/> No	Is company currently functioning? <input checked="" type="checkbox"/> Yes / No

Ensure that you are descriptive wherever necessary – e.g. If your previous company is closed down, please do mention it. Telephone Number with specific location code, Employee Code/ ID/ Number is mandatory. If your previous employer did not provide the Employee ID, please mention and state reasons for the same. Employment details should be of the company you are on payrolls of, not of a company you are deputed to on an assignment with. In case you are showing employments experience in a skill enabling or professional Training institute the same should only be shown if you were on the payrolls of such an institute.

## 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.E	G.N.I.E.T Nagpur	RTM Nagpur university	2008- 2014	A9/ 53025	full time	57%
HSC/ 12 <sup>th</sup>	Janata college chandrapur	Maharashtra state board	2007- 2008	N00 3793	full time	63%
SSC/ 10 <sup>th</sup>	Bhavanji Bhevi Chavan High School, Chandra pur	Maharashtra state board	2005- 2006	J031 664	full time	65%
Others						
State reasons for gap in education (if any) :						

## TAMS Infotech Private Limited

Health History					
Blood Group: <u>O+</u>					
Do you wear Spectacles : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, specify the power - Right Eye .....			Left Eye .....		
Do you suffer from any of below mentioned diseases					
<input type="checkbox"/> Respiratory Disorder	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Tuberculosis			
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma			
Others – Specify: .....					
Have you suffered from any ailments? If yes, specify.					
<input type="checkbox"/> Malaria	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Hernia	<input type="checkbox"/> Piles		
<input type="checkbox"/> Liver ailments	<input type="checkbox"/> Back Pain	<input type="checkbox"/> Others.....			
Have you had any accident in the past? If yes, provide details					
<u>NO</u>					
Have you undergone any surgery earlier? If yes, provide details					
<u>Yes, Laser Eye Surgery</u>					
Family History					
Please attach age proof for each family member					
MEMBERS	NAME	DATE OF BIRTH	QUALIFICATION	OCCUPATION	DEPENDENT (Y/N)
Self	Akshay Pandhare	25/04/90	B.E		
Spouse					
Child 1					
Child 2					
Mother	Vibha Pandhare	14/12/64	Graduate		Y
Father	Balasaheb Pandhare	25/10/52	Graduate	Retired	Y



## **TAMS** Infotech Private Limited


### **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 :   
Name in Capitals : **AKSHAY PANDHARE**  
Date : **24-12-2018**

#### **For internal use only: To be filled by TAMS Infotech**

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.