

Employment Application Form

For internal use only: To be filled by TAMS HR

Employee ID Number: TA0771
Date of Joining : 19-May-2014
Designation : Senior Consultant



- Please provide complete and correct information.
- All fields are mandatory.
- Please do not use short forms / abbreviations.
- Hardcopy of this form along with supporting documents has to be submitted (duly signed & with a recent colour photograph) to your location contact point.

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.	HARINDER	SINGH	DHILLON
Primary Skill / Competency	SAP BASIS		

Gender: ☒ Male ☐ Female Nationality: INDIAN Citizenship: INDIAN

Date of Birth : 09-02-1977 Place of Birth: LODHIANA

Maiden Name: (applicable for married females):

Father's Name: RANJIT SINGH DHILLON

Mother's Name: SIMARJEET KAUR DHILLON

Mother's Maiden Name:

Contact Number/s: 98146-74000 Land Line No. : NA

Emergency Contact Person: PAYAL DHILLON Emergency Contact No: 98149-74000

Personal Email ID: H.DHILLON@GMAIL.COM

Alternate Email ID: H

TAMS Infotech Private Ltd

Current Address : #KB-1202 BLOCK-GAK SALARPURIA GREENAGE HOSUR HOSUR MAIN ROAD DOMMANHALI - BANGALORE 56000 560068	Permanent Address : HARINDER SINGH DHILLON s/o RANJIT SINGH DHILLON # 218 V.P.O. - LEEL - TENSIL - RAIKOT DIST. LUDHIANA PUNJAB Phone Number : INDIA
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Period Of Stay	Current Address		Permanent Address	
	From (month/year)	To (month/year)	From (month/year)	To (month/year)
	JAN-2014	TILL NOW	FEB-1977	TILL NOW

If you do not have a Passport, it is recommended that you apply for the same before joining.

Passport Number : L5058853

Passport Issue Date:

Passport Expiry Date :

Place of Issue :

Has your visa ever been rejected?: NO

(If yes, please provide the following details)

Date of rejection :

For which country :

Reason :

Permanent Account Number (PAN) : A1ZPD3612Q
(If applied, please present copy of acknowledgement receipt)

NASSCOM - NSR (National Skills Registry) - IT PIN Number :

Unique Identification No:
(If applied, please present copy of acknowledgement receipt)

Driving License Number 0:83396

Driving License valid up to (mm/dd/yyyy) : 02/08/2027

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Reference (From your current employer only)

Name and Designation :

RAVI RAJAN

Organization :

INFOSYS

Relationship :

PROJECT MANAGER

Address :

Telephone and Email ID :

RAVI-RAJAN@1@INFOSYS.COM

mother / father dependent details DOB

15d.inpa.head

Employment Details (Please mention all the employments starting from the latest employment) Note: Verification of your current employment would be obtained on or after joining TAMS									
SI No	Company Name	Address (Main office & branch where worked) with Company Telephone - Board Line	Employment Type & Designation/ Position held	Reported to (Name & Position & direct contact number)	Employment Period From - To (dd/mm/yyyy)	Emp Code / Personnel No. / Social Security No. (Mandatory if worked in USA)	Last drawn monthly gross salary (INR)	Reasons for leaving	Mode of separation from the organization (Pls select the below option)
Employee 1	Atem Softwares	Bangalore	Permanent SAP Basis Lead		Sep 2013	May 2014	145000 INR	Better Opportunity	Resignation
Employee 2	Trident Group	E-212 Kitchlu Nagar Ludhiana Punjab, INDIA	Permanent <input type="checkbox"/> Permanent <u>Designation</u> IT Systems Manager	Gurpreet Gondara 9878998782 gurpreet gondara	Sep 2009 July 2013	H26536	125000 INR	Better Opportunity	<input type="checkbox"/> Resignation <input type="checkbox"/> Termination <input type="checkbox"/> Absconded <input type="checkbox"/> Closed the operations <input type="checkbox"/> Others (Pls specify)
Employee 3	CIBER INDIA	6 th FLOOR BLOCK B Bagmane World Technology Center KR Puram Marathalli Ring Road Bangalore	<input type="checkbox"/> Permanent <u>Designation</u> Sr. Basis Consultant	2.	May 2009 Aug 2009	2.	100000 INR	Better Opportunity	<input type="checkbox"/> Resignation <input type="checkbox"/> Termination <input type="checkbox"/> Absconded <input type="checkbox"/> Closed the operations <input type="checkbox"/> Others (Pls specify)
Employee 4	CITAGUS Softwares	No. 623 Balaji Arcade 80 Feet Road 4 th Block Koramangala Bangalore	<input type="checkbox"/> Permanent <u>Designation</u> SAP Technical Lead	2.	July 2008 April 2009	2.		Better Opportunity	<input type="checkbox"/> Resignation <input type="checkbox"/> Termination <input type="checkbox"/> Absconded <input type="checkbox"/> Closed the operations <input type="checkbox"/> Others (Pls specify)
Employee 5	Trident Group	E-212 Kitchlu Nagar Ludhiana Punjab, INDIA	<input type="checkbox"/> Permanent <u>Designation</u> Deputy Manager	2.	March 2007 July 2008			Better Opportunity	<input type="checkbox"/> Resignation <input type="checkbox"/> Termination <input type="checkbox"/> Absconded <input type="checkbox"/> Closed the operations <input type="checkbox"/> Others (Pls specify)
Employee 6	Sanchit Solutions Pvt Ltd.	A - 86 , Malviya Nagar, New Delhi	<input type="checkbox"/> Contract <u>Designation</u> SAP Basis Consultant	2.	Sep 2004 Feb 2007	2.	2.	Better Opportunity	<input type="checkbox"/> Resignation <input type="checkbox"/> Termination <input type="checkbox"/> Absconded <input type="checkbox"/> Closed the operations <input type="checkbox"/> Others (Pls specify)

Education Details (Please mention all education details starting from highest full time degree obtained)						
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)	% Marks/ CGPA
Graduation	MM COLLEGE MULLANA AMBALA	KURUKSHETRA UNIVERSITY	1996-2000	99-ECM-229	FULL TIME	61
HSC/ 12th	SA JAIN SCHOOL AMBALA	B.S.E.H HARYANA BOARD	1994-95	018990	FULL TIME	80
SSC/ 10th	SA JAIN SCHOOL AMBALA	B.S.E.H HARYANA BOARD	1992-93	027023	FULL TIME	72
Others						
State reasons for gap in education (if any) : <i>one year gap after 12</i>						

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Health History

Blood Group: AB+

Do you wear Spectacles : ☒ Yes ☐ No

If yes, specify the power - Right Eye Left Eye

Do you suffer from any of below mentioned diseases - NO

- ☐ 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

NO

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

NO

Family History

Please attach age proof for each family member

MEMBERS	NAME	DATE OF BIRTH	QUALIFICATION	OCCUPATION	DEPENDENT (Y/N)
Self	HARINDER DHILLON	09-02-77	B.Tech Grad	SERVICE	Y
Spouse	PAYAL DHILLON	10-03-82	MBA, PG	HOUSE WIFE	Y
Child 1	GURPREET DHILLON	07-10-10	KG-1	STUDYING	Y
Child 2	JARANVEER DHILLON	29-10-13	NA	NA	Y
Mother	SIMARJEET KAUR DHILLON		METRIC	HOUSE WIFE	N
Father	RANJIT SINGH DHILLON		HSSC	RETIRED	N

TAMS Infotech Private Ltd

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, 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 :

HARINDER SINGH DHILLON

Date :

19-MAY-2014

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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.