Employment Application Form

For internal use only: To be filled by TAMS HR

Employee ID Number: TRoopo3

Date of Joining : 8th July 2016

Designation : TRAINAHE CONSULTANT

Employment Type :

Permanent Contract



Personal Details Please expand initials in your name -- As the same would be used in our Employment records Title Last Name First Name Middle Name (Mr./Ms.) PABALKAR Ma. MANISH Primary SAP SD Skill / Competency Gender: ☑ Male ☐ Female Nationality: ፲NDIAN Citizenship: ፲NDIAN Date of Birth : 08/07/1983 Place of Birth: DURG Maiden Name: (applicable for married females): Father's Name: JAYANT PABALKAR Mother's Name: RAJANI PABALKAR Mother's Maiden Name: Contact Number/s: 9741499855 Land Line No.: Emergency Contact Person: GHANSHYAM Emergency Contact No: 9632 566511

Personal Email ID: manishPabalkas@gmail.com

Alternate Email ID: manish_PBR @ yahov.com.

Current Address:

No-56, Second Flood, MSR. Mension, 2nd CROSS Munnekollalu, Malathahalli Bangalole - 560037

Permanent Address:

L.I.G-14, SECTOR-1 SHANKAR NAGAR RAIPUR (C.G) 492007

Phone Number: 9741499855			Phone Number: 0771 - 4000298		
Current Address			Permanent Address		
Period Of Stay	From To (month/year)		From (month/year)	To (month/year)	
	FEB/2013	till date	J414/1983	till date	
If you do	o not have a Passpo	ort, it is recommend	ded that you apply for the sa	me before joining.	
Passport Nun	nber:	0619			
Paceport Issu	ie Date: 29	108/2012			
Passport Exp	iry Date :	108/2022			
	e: PUNE				
Has your visa	a ever been rejected	l?:			
	(If	yes, please provid	e the following details)		
Date of reject	tion :				
For which co	ountry :				
	(If app	Permanent Acco	ount Number (PAN) : AU	FPP7869P	
NASSCOM	– NSR (National Ski	IIs Registry) – <u>IT P</u>	IN Number:		
Unique Iden	tification No:	plied, please present co	ppy of acknowledgement receipt)		
Driving Lice	ense Number:CG	042001000	7042		
Duiting Lies	nse valid un to (mm	/dd/vvvv): 2 6	(-09-2021		

Reference (Employer 1)

Hasesha (SAP consultant) Name and Designation:

INOWITS Organization

FRIEND Relationship

Bangalare Address:

8105050651 Telephone and Email ID:

Reference (Employer 2)

Mathew. (Manager) Name and Designation:

: MPHASIS LTD Organization

Relationship

: Manager. Bangalore Address:

9845208125 Telephone and Email ID:

Reference (Employer 3)

Name and Designation: Sandrep (manager)

: Sankaip Tubes & Fittings Organization

Relationship

Address:

Telephone and Email ID: 9109919003

Employment Details

Previous Employer's Description	Previous Employment 1	Previous Employment 2
Date of emp. From:	OCT - 2015	APR -2013
Date of emp. To:	FEB-2016	JAN - 2014
Designation:	ASSOCIAT	Scheduling & Capacity Planning 2242579 Offices
Employee ID:	90000107	2242579
Employment Type	TRAINEE	PERMANENT
HR Name:	SONALI	
HR Designation:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Email:	ha@inowits.com	HRHelpdes Kescalation-BPOR MPA
Contact No.:	080-49538999	080-30463273
Supervisor Name:	Ma Balamanikandan	me. mathew. Absgham
Supervisor Designation:	Diagrafol	MANGER.
Email:	bala. SQ in owits . com	mathew.ablaham@hp.com 9845208125
Contact No.	9900048465	
Last Drawn Salary	68451-	9800/- Applex Personal Reason.
Reason for leaving	No Project	personal reason.
Mode of Separation		
Employer Name:	INOWETS TECHNOLOGIES	MPHASIS LTD.
Address:	#2630, IT FLOOR, 27th MAIN	Bagmane well Technology
(Give Complete Address	SECTOR IL, HSR LAYOUT	Bargalate 12 mal
incl. Postal code,	BANG ALOKE	C.V. Raman Nagae.
prominent landmark)		Town / Situa O O O O / - A / Of E
	Town/City: BANGALORE	Town/City: BANGALORE
	State: KARNATAKA	State: KARNATAKA.
	Pin Code: 560102	Pin Code: 560048
mpany Status:	Is company currently functioning? Yes / No	Is company currently functioning? 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.

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/yyy y)	Student ID / Reg No.	Program (Part Time / Full Time)	% age marks
MBA (MKT)	D.Y. PATIL INST. PUNE	PUNE University	1/07/05	5 0930	FULL Time	541.
BCA.	St. VINCENT PALLOTTI COLLEGE RAIPUR	Pt.R-S.S.U. RAIPUR	1/07/2001	400	FULL TIN)E	60%
HSC/ 12 th	SALEM ENGLISH SCHOOL RALPUR	M.P BOARD	107/2000	1.33.4	FOLL	54%
SSC/ 10 th	SALEM ENGLISH SCHOOL RAIPUR	M.P BOARD	1/07/1998		FULL	55/
Others						

State reasons for gap in education (if any): 04-05 PTBA Entlance.

	He	alth History			
ood Group:		□ No			
	Spectacles: Yes	75	Left Eye	75	
	from any of below mention				
Respiratory		t Disease	□ T:	uberculosis	
Blood Pres				sthma	
thers - Spec	cify:				
ave you suff	fered from any ailments? If	yes, specify.			
Malaria	☐ Jaundice	□ Herr	nia I	□ Piles	
] Liver ailme	ents 🗆 Back Pain	□ Oth	ers		
lave you had	d any accident in the past?	If yes, provide			
	d any accident in the past? dergone any surgery earlier				
	dergone any surgery earlier	? If yes, provi	de details		
	dergone any surgery earlier	? If yes, provi	de details		
	dergone any surgery earlier	? If yes, provi	de details		
lave you und	dergone any surgery earlier F Please attac	amily Histo	de details ry each family member		DEPENDEN'
Have you und	dergone any surgery earlier F	amily Histo	ry each family member		DEPENDEN'
MEMBERS Self	dergone any surgery earlier F Please attac	amily Histo	ry each family member		DEPENDEN'
MEMBERS Self Spouse	dergone any surgery earlier F Please attac	amily Histo	ry each family member		DEPENDENT (Y/N)
MEMBERS Self Spouse Child 1	dergone any surgery earlier F Please attac	amily Histo	ry each family member		DEPENDENT (Y/N)

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	:	Abalkar	
Name in Capitals	:	MANISH	PABALKAR

Date : 08/07/2016

For internal use only: To be j	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.