#### **Employment Application Form**

For internal use only: To be filled by TAMS HR

Employee ID Number: TA0836

Date of Joining : 16 - JUNE-2017.

Designation : LEAD CONSULTANT

Employment Type : ☐ Permanent ☐ Contract



	Perso	nal Details	
Please expa	and initials in your name As	the same would be used in o	ur Employment records
Title (Mr./Ms.)	First Name	Middle Name	Last Name
Mr	MANAS	RANJAN	BEHERA
Primary Skill / Competency	SAP FI		

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

Date of Birth : 05th JULY 1974 Place of Birth: BITALD ANIPATNA

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

Father's Name: BHAGIRATHI BEHERA

Mother's Name: SOUDAMINI BEHERA

Mother's Maiden Name: .....

Contact Number/s: 9535365064 Land Line No.: (080) 41228559

Emergency Contact Person: WIFE - RANJITA Emergency Contact No: 95355 0 2972

Personal Email ID: mana & T.b. manue, gmail. com

Alternate Email ID: malaces, behere @ terminto tech. com

#### **Current Address:**

103, SHRADHA SAPHIRE,
BEML MAIN Rd,
17th Cross,
Near THUBARAHALLI BUSSTOP,
WHITEFIELD, BANGALORE- 66

#### Permanent Address:

S/O-BHAGIRATHI BEHERA,
AK NANDA LANE, ITI Rd,
SITABORDI, Near College tield,
BHAWANIPATNA, KALAHANDI,
ODISHA. 766001

one Numbe	er:		Phone Number:		
	Current	Address	Permanent Address		
Period Of Stay	From (month/year)	То	From (month/year)	To (month/year)	
	01.07.2011	till Date			
If you o	lo not have a Passp	ort, it is recommen	ded that you apply for the s	ame before joining.	
		28670			
assport Nu	mber:	2 2015			
Passport Iss	ue Date: 03	04/2015			
Passport Ex	piry Date : 62	081 2020	,		
n	. RANCI	ALORE			
Has your vi	sa ever been rejecte	ed?: NO			
indo year	(	If yes, please provid	de the following details)		
Date of reie	ction:				
For which (	country:				
FOI WINCH					
Reason : _					
	(If a	unlied please present o	ount Number (PAN) : copy of acknowledgement receipt)		
NASSCO	M – NSR (National S	kills Registry) – <u>IT l</u>	PIN Number: AKVP	B 9469 P	
Unique Ide	entification No:	applied, please present	copy of acknowledgement receipt		
Driving Li	cense Number:				
Debring Li	cense valid up to (n	nm/dd/yyyy):			

	Reference (Employer 1)
Name and Designation :	
Organization :	
Relationship :	
Address:	
Telephone and Email ID :	
	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 :	

## **Employment Details**

Previous Employer's  Description	Previous Employment 1	Previous Employment 2
Date of emp. From:	19-04-2010	
Date of emp. To:	9- JUN- 2017	
Designation:	10045868	
Employee ID:	Business Consuldant	
Employment Type	permanent.	
HR Name:	Deepa Wali	
HR Designation:	HR-ATALIST 1	
Email:		
Contact No.:	080-26659442	
Supervisor Name:	-Same-	
Supervisor Designation:		
Email:	_	
Contact No.		
Last Drawn Salary	10.36 LPA	
Reason for leaving	Better Copouth	
Mode of Separation	Resignation	
Employer Name:	NTT DATA Global Delivery	
Address:	18 9 14/1, South End Road	
(Give Complete Address	Balavangudi	
incl. Postal code,	8	
prominent landmark)	-	- 10:
	Town/City: Bangalose	Town/City:
	State: Karcharterka.	State:
	Pin Code: 560004	Pin Code:
Company 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
Bicom	Sambhalpen University	Sambalan	1995	203616	Full Time	40
HSC/ 12 <sup>th</sup>	OAV Collage, Koreiput	ORRISA	1991	०॥ १ त	Full Time	47.
SSC/ 10 <sup>th</sup>		Orissa	1989	05E120	Full Time	59
Others						

		Health Hist	tory		
Blood Grou	10'+ve				
Do you wea	ar Spectacles :	es □ N	0		
	ify the power - Right Eye			1.25	
	fer from any of below ment	ioned diseases	S		
☐ Respirate	ory Disorder	eart Disease		Tuberculosis	
☐ Blood Pr	essure D	iabetes		Asthma	
Others - Sp	ecify: Nothi	ng			
	uffered from any ailments?	U			
□ Malaria	☐ Jaundice	□ Не	ernia	□ Piles	
☐ Liver ailm	nents   Back Pain	□ Ot	thers		
Have you had any accident in the past? If yes, provide details					
Have you ur	ndergone any surgery earli	er? If yes, prov	vide details		
		Family Histo	ory		
	Please atta	ch age proof for	each family membe	er	
MEMBERS	NAME	DATE OF BIRTH	QUALIFICATION	OCCUPATION	DEPENDENT (Y/N)
Self	MANAS RANJAN BEHERA	05.07.74	BCOM, ICWA(I)	1T proff.	
Spouse	RANJITA BEHERA	02.04.83		HW	10
Child 1	RISHAB BEHERA	09.11.11			1
Child 2					
Mother					
Father					

### 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 : Marlin Relad .

Name in Capitals : MANAS RANJAN BEHERA

For internal use only: To be f	illed by	***************************************
Signature of the Recruiter	:	
Name of the Recruiter	:	
Date	:	
* The Signature of the recru does not have the signatu	iter nee	eds to be present in case the application is sent as soft copy and candidate.
The hardcopy of the ema	il receiv	ed also needs to be submitted along with this form as an audit

: 27.06.2017

Date