Employment Application Form

For internal use only: To be filled by TAMS HR

Bargalore - 560068

	P	ersonal Details	
Please ex	pand initials in your name	As the same would be used	in our Employment records
Title (Mr./Ms.)	First Name	Middle Name	Last Name
MJI	JANARDHAN	0.	KADANUTHALA
Primary Skill / Competency	SAP BASIS	2	
Mother's Nam Mother's Maid Contact Numb Emergency Co Personal Ema		709 Land Line No. : V KUMAR Emergency 29 mail-6m	Contact No: 9177338613
No-33,)	GOWSWIMMA + CSTOSS, and, Madiwala,	Permanent Addr ViJaya Glo Vidyanagas	ny Maus Sai baba Temp 17 Kata, S.P.S.R. Melloss

524413

Phone Number:			Phone Number: K-VENKATESWARLU 944842351		
Current Address			Permanent Address		
Period Of Stay	From To (month/year)		From (month/year)	To (month/year)	
	08/2015		04/2000		
If you de	o not have a Passpo	ort, it is recommend	led that you apply for the s	ame before joining.	
Passport Num	nber: _ L 9590	0689			
Passport Issu	ie Date: 07/0	7/2014			
	iry Date :				
	HYDERAL				
		7/24			
Has your visa	ever been rejected	?: <u>NO</u>			
	(If)	yes, please provide	the following details)		
Date of rejecti	on :				
For which cou	untry :				
Reason:					
				V.	
	(If appli	Permanent Accour ed, please present copy	nt Number (PAN) : of acknowledgement receipt)		
NASSCOM -	NSR (National Skills	s Registry) – IT PIN	Number: DNNPKS1	+86H	
Unique Identi					
	(If appli		of acknowledgement receipt)		
Driving Licens	se Number: AP	2262013	0002937		
Driving Licens	se valid up to (mm/c	1d/www. 27/1	1/2033		
Driving Licens	se valid up to (mm/c	(d/yyyy):	1/2033		

Reference (Employer 1)

Name and Designation: VISWANATH . B SAP BASIS COnsultant

Organization : DXC

Relationship : Roommate

Address:

Telephone and Email ID: 7013808121

Reference (Employer 2)

Name and Designation: MANOHAR-K SAP BASTS GNSultant

Organization : DX C

Relationship : RoomMake

Address:

Telephone and Email ID: 9591127879

Reference (Employer 3)

Name and Designation: AJUN SAP BASIS GNSOITEME

Organization : DXC

Relationship : Roommate

Address:

Telephone and Email ID: 9880952725

Employment Details

Previous Employer's Description	Previous Employment 1	Previous Employment 2
Date of emp. From:		
Date of emp. To:		
Designation:		
Employee ID:		
Employment Type		
HR Name:		
HR Designation:		
Email:		
Contact No.:		
Supervisor Name:		
Supervisor Designation:		
Email:		
Contact No.		
Last Drawn Salary		
Reason for leaving		
Mode of Separation		
Employer Name:		
Address:		
(Give Complete Address incl. Postal code,		
prominent landmark)		
	Town/City:	Town/City:
	State:	State:
	Pin Code:	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
B-Tech	N.B.K.R Institute of Science & Technology	Viksama Simhapusy University	July-2010 May-2014		Full time	66 -/.
HSC/ 12 th	Solinivaga Jos Glage	Board of Intermediate Education	Malchaolo	9356	Foll time	70-7/
SSC/ 10 th	Bala Bhatathi EM School, Vidyanagar.	Board of Secondary Education	March 2007 March 2008	05641	Full Time	72%
Others					À	

State reasons for gap in education (if any):

		Health His	story		
Blood Gro	pup: 8 ⁺				
	ear Spectacles :	Yes 🔽 1	No		
If yes, spe	ecify the power - Right Eye		Left Eye		
	ffer from any of below mer				
	y - La table to the same of th	Heart Disease		☐ Tuberculosis	
☐ Blood Pressure ☐ Diabetes			☐ Asthma		
Others - S	pecify:				
Have you	suffered from any ailments	? If yes, specify	y.		
☐ Malaria	☐ Jaundice	□н	ernia	□ Piles	
☐ Liver ails	ments	0.0	thers		
	ad any accident in the pas	I / IT VAS DEOVI			
MO Have you u	nad any accident in the pas indergone any surgery earl	ier? If yes, pro	vide details		
MO Have you u	indergone any surgery earl	ier? If yes, pro	vide details		
MO Have you u	indergone any surgery earl	ier? If yes, pro	vide details	<u> </u>	
No Have you u Yes	indergone any surgery earl	ier? If yes, pro	vide details	<u> </u>	DEPENDENT
No Have you u Yes MEMBERS	ndergone any surgery earl	Family History DATE OF BIRTH	ory each family member	er	
MEMBERS Self Spouse	Please atta	Family Historich age proof for	ory each family member	er	DEPENDENT
MEMBERS Self Spouse Child 1	Please atta	Family History DATE OF BIRTH	ory each family member	er	DEPENDENT
MEMBERS Self Spouse Child 1 Child 2	Please atta	Family History DATE OF BIRTH	ory each family member	er	DEPENDENT
MEMBERS Self Spouse Child 1	Please atta	Family History DATE OF BIRTH	ory each family member	er	DEPENDENT

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

Date

Name in Capitals

For internal use only: To be	filled by TAMS Infotech
Signature of the Recruiter	:
Name of the Recruiter	:
Date	
* The Signature of the recru does not have the signatur	iter needs to be present in case the application is sent as soft copy and e of the candidate.
The hardcopy of the email trail.	I received also needs to be submitted along with this form as an audit