Employment Application Form

For internal use only: T	o be filled	by TAMS HR
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Employee ID Number: _

Date of Joining : 5th Sept 19

Designation

: Traunee consultant

Employment Type : ☐ Permanent ☐ Contract



			1701
	Personal D		
	and initials in your name - As the sa	ame would be used in	our Employment records
Title (Mr./Ms.)	First Name	Middle Name	Last Name
Mr.	RAJDEEP		MODAK.
Primary Skill / Competency			
Gender: Ma	le Demale Nationality: TYDI	AN Citizenship	RANGALORE
Date of Right	05 11 1991 Place of Birt	. IKAL IZAT	h
	applicable for married females):		
Father's Name:	TAMAL MODAK		
Mother's Name:	DIPALI MODAK		
Mother's Maider	Name: DIPALI SEN	Fo	there's
Contact Number	ris: 7980927247		
Emergency Con	tact Person: 798092724	T Emergency Con	tect No. 98.315 9 038
Personal Email I	10: modak_rajdeep o	man @ Yaho	o com
Alternate Email	10. modak. rajdeop	0010 @ 2	au.com.
Current Address	X.	Permanent Address:	
215, Do	ddakammomahalli		manda Road
Road, a	rottigere, Banner		, Hooghly.
ghatta	main Road.	WEST BET	
Bamaa	Jore, 560083		TOIFIL
9		712502	

Phone Number:		Phone Number:			
Current Address		Address	Permanent Address		
Period Of Stay	From (month/year)	To (month/year)	From (month/year)	To (month/year)	
If you do	not have a Passpo	ort, it is recommended	I that you apply for the sa	ame before joining.	
Passport Num	ber :				
Passport Issue	Date:				
Passport Expir	y Date :				
Place of Issue	:				
Has your visa	ever been rejected	?:			
	(If y	ves, please provide th	e following details)		
Date of rejection	on :				
For which cou	ntry :				
Reason:					
	(If appli	Permanent Account I	Number (PAN) : @SS P	M9287R	
NASSCOM - N	NSR (National Skills	Registry) – <u>IT PIN Nu</u>	umber:		
Unique Identifi	ication No:				
			acknowledgement receipt)		
Driving Licens	e Number:	3-1520110	000445		
Driving Licens	e valid up to (mm/c	ld/yyyy): <u>08</u> –	09-2031		

	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 Dealmodian	rioleities (Empleyer o)
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:		
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:
STORY OF THE STORY	State:	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
Post Graduate Dikloma	Brain	Jadan puro University	2017		Part Time	
B. lom Graduation	Khalisani M a havidya laya	Burdwan	2011-	057627	Full	35.62%
HSC/ 12 th	Bansberia High School		2010	17027	Full	53%
SSC/ 10 th	Bonsberia High School	W.B.B.	2008	G20100 71-013	I VV	59649
Others						

State reasons for gap in education (if any):

		Health Histo	ory	Back of Louisian Co.	
If yes, speci	r Spectacles: Ye	-5:25		5.50	
	er from any of below mention			Total and the sta	
		art Disease		Tuberculosis	
☐ Blood Pre		abetes		Asthma	
Others - Sp	ecify:				
Have you su	uffered from any ailments?	If yes, specify.			
☐ Malaria	☐ Jaundice	☐ Hei	mia	□ Piles	
☐ Liver ailm	ents Back Pain	□ Ott	ners		
Have you ha	nd any accident in the past?	If yes provide	e details		
	ndergone any surgery earlie ùor eruciate	ligan	neut Su	rgery	
	ùor erneiate	Ligom	neut Su		
	ùor erneiate	Family Histo	neut Su		DEDENDENT
	ùor erneiate	Ligom	neut Su		DEPENDENT (Y/N)
Ante	ùco eruciate Please attac	Family History DATE OF BIRTH	ry each family membe	r	
Anten	Please attac	Family History DATE OF BIRTH	ry each family membe	r	
Anten MEMBERS Self	Please attac	Family History DATE OF BIRTH	ry each family membe	r	
Anter MEMBERS Self Spouse	Please attac	Family History DATE OF BIRTH	ry each family membe	r	
MEMBERS Self Spouse Child 1	Please attac	Family Historich age proof for DATE OF BIRTH	ry each family membe QUALIFICATION Corroducti	r	

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	. Rejdeep Model.
Name in Capitals	RAJDEEP MODAK.
Date	: 05/09/2019