

# TAMS Infotech Private Limited

## Employment Application Form

*For internal use only: To be filled by TAMS HR*

Employee ID Number: \_\_\_\_\_  
Date of Joining : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Employment Type : ☐ Permanent ☐ Contract



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
Mv	AJAY	BHALCHANDRA	CHITALE
Primary Skill / Competency	BUSINESS INTELLIGENCE		
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Nationality: <u>USA</u> Citizenship: <u>USA</u>			
Date of Birth : <u>24/2/1989</u> Place of Birth: <u>AHMEDNAGAR, INDIA</u>			
Maiden Name: (applicable for married females): .....			
Father's Name: <u>BHALCHANDRA CHITALE</u>			
Mother's Name: <u>HEMALATA CHITALE</u>			
Mother's Maiden Name: <u>HEMLATA CHITALE</u>			
Contact Number/s: <u>800 798 7336</u> Land Line No. : .....			
Emergency Contact Person: <u>ATUL CHITALE</u> Emergency Contact No: <u>91-9822980681</u>			
Personal Email ID: <u>ajayc20@hotmail.com</u>			
Alternate Email ID: <u>aj-chitale@yahoo.com</u>			
Current Address: <u>B-1, BHUSHAN, PLOT NO-15,</u> <u>PRABHA SOC, KOTHRUD</u> <u>PUNE 411029</u>		Permanent Address: <u>B-1, BHUSHAN, PLOT NO: 15</u> <u>PRABHA SOC, KOTHRUD</u> <u>PUNE 411029</u>	

**TAMS** Infotech Private Limited

<b>Phone Number:</b> 800-798-7336		<b>Phone Number:</b>		
<b>Period Of Stay</b>	<b>Current Address</b>		<b>Permanent Address</b>	
	<b>From (month/year)</b>	<b>To (month/year)</b>	<b>From (month/year)</b>	<b>To (month/year)</b>
	1986	TODAY	1986	TODAY
<i>If you do not have a Passport, it is recommended that you apply for the same before joining.</i>				
<b>Passport Number :</b> 5361537				
<b>Passport Issue Date:</b> 8-July-2015				
<b>Passport Expiry Date :</b> 8-July-2025				
<b>Place of Issue :</b> USA				
<b>Has your visa ever been rejected?:</b> NO				
(If yes, please provide the following details)				
<b>Date of rejection :</b>				
<b>For which country :</b>				
<b>Reason :</b>				
<b>Permanent Account Number (PAN) :</b> (If applied, please present copy of acknowledgement receipt)				
<b>NASSCOM – NSR (National Skills Registry) – IT PIN Number:</b>				
<b>Unique Identification No:</b> (If applied, please present copy of acknowledgement receipt)				
<b>Driving License Number:</b> MH12-19888013029				
<b>Driving License valid up to (mm/dd/yyyy):</b> 21/23/2019				

## **TAMS** Infotech Private Limited

Reference (Employer 1)	
Name and Designation :	Steve Chamberlain , Director
Organization :	Everge Group LLC.
Relationship :	Manager.
Address :	
Telephone and Email ID : 646-725-5720 - steve.chamberlain@evergroup.com	

Reference (Employer 2)	
Name and Designation :	Ravi Jagarlamudi , Director.
Organization :	Hackett Group
Relationship :	
Address :	
Telephone and Email ID : rjagarlamudi@thehackettgroup.com	

Reference (Employer 3)	
Name and Designation :	<del>Abhya</del> Sameer Singhal , Director
Organization :	Oracle USA
Relationship :	Manager.
Address :	
Telephone and Email ID : sameer.singhal@oracle.com	

# TAMS Infotech Private Limited

## Employment Details

Previous Employer's Description	Previous Employment 1	Previous Employment 2
Date of emp. From:	July 2 - 2012	Jan 2010
Date of emp. To:	Jan 31, 2018	June 2012
Designation:	Senior Consultant	Senior Consultant
Employee ID:	1136	101
Employment Type	Full time	Full time
HR Name:	Cheryl McKeever	Ajay Chitale
HR Designation:	HR Manager	
Email:		
Contact No.:		
Supervisor Name:	Steve Chamberlain	Ajay Chitale
Supervisor Designation:	Director	President
Email:	Steve.Chamberlain@everge.com	
Contact No.	646-725-5720	
Last Drawn Salary	\$128,000.00	\$65,000.00
Reason for leaving	Layed off	
Mode of Separation	Layed off	
Employer Name:	everge Group LLC	Asteri Inc.
Address: (Give Complete Address incl. Postal code, prominent landmark)	4965 Preston Park Blvd, Suite 200	655, S. Fair Oaks Ave, A-204
	Town/City: Plano	Town/City: Sunnyvale
	State: TX	State: CA
	Pin Code: 75093	Pin Code: 94088
Company Status:	Is company currently functioning? Yes / <del>No</del>	Is company currently functioning? <del>Yes</del> / 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.

## TAMS Infotech Private Limited

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/yyyy)	Student ID / Reg No.	Program (Part Time / Full Time)	% age marks
BE Computers	MIT Pune	University of Pune	June 1986 July 1990		Full time	66%
HSC/ 12 <sup>th</sup>	Abasaheb Garware College	University of Pune Maharashtra Board	Mar 1985 Mar 1986	B-004662	Full time	75%
SSC/ 10 <sup>th</sup>	Maharashtra Abhinav Board Vidyaly	Maharashtra Board	June 1983	June 1984 C04694	Full time	78 1/2
Others						
State reasons for gap in education (if any) :						

## TAMS Infotech Private Limited

Health History					
Blood Group: <u>B +ve</u>					
Do you wear Spectacles : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, specify the power - Right Eye <u>+2</u> Left Eye <u>+2</u>					
Do you suffer from any of below mentioned diseases					
<input type="checkbox"/> Respiratory Disorder		<input type="checkbox"/> Heart Disease		<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Blood Pressure		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Asthma	
Others – Specify: .....					
Have you suffered from any ailments? If yes, specify.					
<input type="checkbox"/> Malaria		<input type="checkbox"/> Jaundice		<input type="checkbox"/> Hernia	
<input type="checkbox"/> Liver ailments		<input type="checkbox"/> Back Pain		<input type="checkbox"/> Piles	
<input type="checkbox"/> Others.....					
Have you had any accident in the past? If yes, provide details					
.....					
Have you undergone any surgery earlier? If yes, provide details					
.....					
Family History					
<i>Please attach age proof for each family member</i>					
MEMBERS	NAME	DATE OF BIRTH	QUALIFICATION	OCCUPATION	DEPENDENT (Y/N)
Self	<u>ADARSH CHITALE</u>	<u>24/11/69</u>	<u>ENGINEER</u>	<u>IT consultant</u>	<u>N</u>
Spouse					
Child 1					
Child 2					
Mother	<u>HEMLATA CHITALE</u>	<u>21/9/1945</u>	<u>HOME MAID</u>	<u>HOME MAID</u>	
Father					

# **TAMS** Infotech Private Limited


## **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 :   
Name in Capitals : Ajoy Chitole  
Date : 10/4/2019

#### For internal use only: To be 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.