Employment Application Form

For internal use only: To be filled by TAMS HR

Employee ID Number: TA0856

Date of Joining : 30th May 201

Designation : HRExecutive

Employment Type : ☐ Permanent ☐ Contract



		"		
	Personal			
Please ex	cpand initials in your name As the	same would be used i	n our Employment records	
Title (Mr./Ms.)	First Name	Middle Name	Last Name	
Mys.	ABHIPRIYA		JYOTIRMAYA	
Primary Skill / Competency	SAP BASIS ADMINIS			
Gender: □ N	Male ☑ Female Nationality: . 그 N	DIA.N Citizenship	: INDIA	
	: 11th May 1992 Place of		UR BIHAR	
/laiden Name	e: (applicable for married females):	DEVI		
ather's Nam	e: HIMANSHU BHUSHA	N SNGH		
/lother's Nan	ne: KIRAN DEVI			
Mother's Mai	den Name:DEVI			
Contact Num	ber/s: 7406649780	Land Line No. :		
Emergency C	Contact Person: SHUBHANKAR, J	YOUR MAYAEmergency	Contact No: 9262549280	
Personal Em	ail ID: abhiphlyaece egm	ail: Com		
	ail ID:			
Current Add	ress:	Permanent Addr		
		MIG 64, HOUSING BOARD		
		COLONY,	BARARI,	
		BHAGIALPO	R, BIHAR-812003	
		4 7		

			Pormano	nt Address	
	Current	Address		To	
Period Of Stay	From (month/year)	To (month/year)	From (month/year)	(month/year	
			Mar, 1992	till date.	
If you do	o not have a Passpo	ort, it is recommende	ed that you apply for the s	same before joining.	
Passport Issu	ie Date: <u>29/0</u>	6/2015			
assport Exp	iry Date : 28 0	6/2025			
Place of Issue	: Hyder	ahad.			
Has your visa	ever been rejected	1?:N	10		
			the following details)		
Date of reject	ion :				
For which co	untry :				
Reason :					
				222075P	
	(If app	Permanent Accour	nt Number (PAN) : A5U of acknowledgement receipt)	IPA28+31	
NASSCOM -	- NSR (National Ski	lls Registry) – <u>IT PIN</u>	Number:		
Unique Ident	tification No:	olied, please present copy	of acknowledgement receipt)		
Driving Lice	nse Number:				

Reference (Employer 1)

Name and Designation: ROHINI JEERU, SE

Organization : CGI Group Iuc.

Relationship : Teammak.

Address: Crachibowli, Hyderabad.

Telephone and Email ID: 7660885533

Reference (Employer 2)

Name and Designation: SAHIMHI MUSIPATLA

Organization : CGI Group Duc.

Relationship : Team male.

Address:

Hyderabad.

Telephone and Email ID:

Reference (Employer 3)

Name and Designation: MADHAVI.D

Organization : COI Group DIC.

Relationship : Team male.

Address :

Hyderabad.

Telephone and Email ID:

Employment Details

Previous Employer's Description	Previous Employment 1	Previous Employment 2
Date of emp. From:	20th Jan 2014	
Date of emp. To:	7th Aug 2015	
Designation:	ASSOCIATE SOFTWARE ENGINEER	
Employee ID:	128765	
Employment Type	Permanent.	
HR Name:	Swapna Dichpalli	
HR Designation:	Service Associate - To Team.	
Email:	Swapua dichpallil cgi com	
Contact No.:	7799199132	
Supervisor Name:	Swapna Dichpalli	
Supervisor Designation:	Coulor Alacial - ID Jeans	
Email:	Swapna Dichpallia Cgi. Com 7799199132	
Contact No.	7799199132	
Last Drawn Salary	2,75,000	
Reason for leaving	Marciage & family Responsibility	
Mode of Separation	Resignation.	
Employer Name:	CON Group Duc.	
Address: (Give Complete Address incl. Postal code,	Crachibowli, Hydexabad.	
prominent landmark)		
	Town/City: Hyderabad	Town/City:
	State: Telangana	State:
	Pin Code: 50 0 019	Pin Code:
Company Status:	Is company currently functioning? Yes / No Yes	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.E. (ECE)	K.S.R. College of Technology, TamilNadu	ANNO university	2009- 2013	0913102	FULL Time	87.6
HSC/ 12 th	ARMY School	CBSE	2009	5662210	full Time	65.33
SSC/ 10 th	Army	CBSE	2007	5172947	full Time	784.
Others						

State reasons for gap in education (if any) :

	Н	lealth Histor	у		1721264
Blood Group	. Otve				
	Spectacles : Yes	s □ No			
	y the power - Right Eye	0:25	Left Eye O.	5	
	r from any of below mention		10		
□ Respiratory Disorder □ Heart Disease □ Tuberculosis					
□ Blood Pre		betes		Asthma	
	ecify:				
	ffered from any ailments? If				
□ Malaria	☐ Jaundice	□ Her		□ Piles	
□ Liver ailm		□ Oth	ers		
	d any accident in the past?				
No					
Have you un	dergone any surgery earlie	r? If yes, provi	de details		
N	<u>0</u>				
		amily Histo			
	Please attac		each family member		DEPENDENT
MEMBERS	NAME	DATE OF BIRTH	QUALIFICATION	OCCUPATION	(Y/N)
Self	ABHIPRIYA ZYOTI RMAYA	11/03/1992	BE-(ECE)	HR.	7
Spouse	SHUBHANKAR JYOTIRMAYA	19/02/1984	BE (ECE)	Sophoare	И
Child 1					
Child 2					
Mother	KIRAN DEVI	12/01/1966	B.Ed.	House wife.	7
Father	HIMANSHO SINHH	31/07/1960	BTech (CIVI)	civil sugg.	7

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	:	Alliprings	
Name in Capitals	;	ABHIPRIVA	JYOTIRMAYA
Date		29th May	

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