

Documents		Details		
Date of Joining : 01 / 04 / 2024 Designation : SAP OPERATOR Department : PRODUCTION				
Personal Details				
Name (in full)	A. YUVARAJ.			
Date Of Birth	22/04/2000			
Email(Personal)	yoyoy544@gmail.com			
Father's Name	ARUJUNAN			
Mother's Name	LAKSHMI.			
Blood Group	O+	Marital Status If Married No of children	UN MARRIED	
Mobile Number	8610911179			
Educational Background				
UG, Graduation, PG & diplomas if any.	Specialization	University & City	Year of completion	
UG	B.Sc BIOTECH	PERIYAR UNIVERSITY	2021	
Prior Experience				
Post held	Department / Function	Company (Name)	City	
SUPERVISOR	BILLING	PEPS INDUSTRIES	KARUMBATHAM PATTI	
Address details				
Permanent Address	573, Rammikagounder Kottai, Ennambalam, Tamil nadu,		Present Address	619515 Barathiyar Nagar Pin: 641659 Coimbatore-
Emergency contact person & number: 9486978198				

Copy of Class SSLC / HSC Certificate	✓
Copy of degree or graduation certificates	✓
Copies of ACADEMIC & PROFESSIONAL QUALIFICATION(s) Certificates	✓
Copy of Residence proof (Electricity bill or telephone bill or Ration card or Passport)	✓
Copy of Identity Proof. (Driving License or Passport or Voter card or PAN card)	✓
Aadhar Card	✓
Original copy of last three month Pay Slip received	✓
Copy of RELIEVING LETTER from previous employer and last 3 organizations (If any)	✓
Copy of Experience letter from previous employer	✓
Passport size photograph - 1	✓

BANK DETAILS

Account Holder Name : A. YUVARAJ

Bank Name : AXIS BANK

Account type Number : 923010058627597

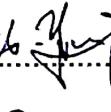
Branch : SALEM

IFSC Code : UTIB000170

I hereby declare that all the information furnished above is true to the best of my knowledge and belief. I will do all my duties to the best of my ability while following all the code of conduct of the company and maintaining required level of discipline by the company.

Date : 01/04/2024

Place : Muthugoundanpudur

Signature : 

HR : 

Confidential

For Internal Use Only

CareNow Lifescies Pvt Ltd. 3/272-5-1 Neelambur Road, Muthugoundenpudur, Coimbatore, TN, INDIA - 641402.

FORMAT NO.: CNL/HR/009-F02/01

**PERSONAL INFORMATION**

Full Name:

YUVARAJ A
First Middle La

Permanent Address:

573, RAMA GROUND KOTTAI
House No. Street Name
ENNA MANGALAM, ANTHIYUR, TAMIL NADU - 638 501
City State ZIP Code

Home Phone:

9486978198 Alternate Phone: 8610911172

Present Address:

MUTHUGIYANPUDUR, VEELAMBUR ROAD,
House No. Street Name
COIMBATORE State TAMIL NADU - 641 402
City ZIP Code

Gender (M/F):

MALE

Mobile:

8610911172

Email:

YOYOTJ44@gmail.com

Birth Date:

22.04.2000

Spouse's Name:

WIC

Nationality:

INDIAN

Passport No.:

WIC

Expiry date:

WIC

Marital Status:

SINGLE

(Single/Married/Divorced/Widowed)

Blood Group:

O+

Emergency Contact Information

Full Name:

 Sasi Kumar. A
 First _____ Middle _____ Last _____

Address:

 573, Ramagiri Nagar, Hosur
 House No. _____ Street Name _____
 ANTHIYUR, ERODE, Tamil Nadu - 638-501
 City _____ State _____ ZIP Code _____

Primary Phone:

9486978198

Alternate Phone:

n/c

Relationship:

BROTHER

Academic Qualification

	Institution	Year(From & To)	Main Subjects	Score %
10 th Std.	ST. MICHAEL	2014 TO 2015	SCIENCE	88%
Graduation	PERIYAN UNIVERSITY	2019 TO 2021	ALLIED	85%
Post-Graduation	n/c	n/c	n/c	n/c

Family Background

Relationship	Name	Occupation	Dependent or not
Father	ARUJUNAN	Former	n/o
Mother	LAKSHMI	HOUSE WIFE	n/o
Spouse	n/c	n/c	n/o
Child 1	SASI KUMAR	BANK OFFICER	n/o
Child 2	CHENNA DURAI	DEVELOPER	n/o
Others	n/c	n/c	n/c

FORMAT NO.: CNL/HR/009-F04/01

Work Experience (Kindly Start with the most recent employer)

Name of the company	Designation	From (Date)	To (Date)	Reporting To	Salary last drawn	Reason for leaving
PEPS INDUSTRIES	SUPERVISOR	2019	2020	MANAGER	18,000	HEALTH ISSUE

Job Information-HML (To be filled by HR Rep)

Title: Mr Employee ID: 686049

Supervisor: — Department: Production

Work Location: Cbe Email: yoyp04744@gmail.com

Joining Date: 01-04-2024 Designation: Officer

Aadhar No.: 532945117122 PAN: BMEPY2385K

Bank Name: Axis Bank Account No.: 923010058627597

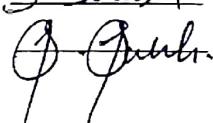
Branch: Salem IFSC Code: UTIB000170

Name:

S. Subash

Date: 01-04-25

Signature:



Place: Cbe

POSITION APPLIED FOR: Supervisor

FUNCTION : -----

 HR DEPARTMENT,
 No.3/ 272-5 Neelambur Road,
 Muthugoundenpudur Flyover, Coimbatore

INSTRUCTIONS:

- Fill in the form in your 'Own' handwriting.
- Please do not leave any sections incomplete.

FULL NAME (in Block Letters) :

ADDRESS: PRESENT

 MUTHUGOUNDAN PUDUR,
 NEELAMBUR ROAD,
 COIMBATORE TAMIL NADU
 - 641 402
 Contact Number (along with
 STD code) : 91 8610911172

ADDRESS: PERMANENT

 573, RAMA GOUNDAN
 KOTTAI, ENNAMANALAI
 ANTHEYUR, TAMIL NADU -
 638 - 501
 E-mail id: yoyoyj@gmail.com
 Contact Number (along with STD
 code) : 91 8610911172

 Please affix here your
 recent passport size
 photograph

PERSONAL DATA

NAME & TEL NO. OF PERSON TO CONTACT (in case of emergency) : 86 9486978198 -

Gopi Kumar -- BROTHER

 MALE FEMALE

DATE OF BIRTH :

22/04/2000

PLACE OF BIRTH :

ANTHEYUR

MARITAL STATUS :

SINGEL

NATIONALITY :

INDEAN

DOMICILE STATE :

 PASSPORT DETAILS : NO : NIC

 DATE OF EXPIRY : NIC

 PLACE OF ISSUE : NIC

DETAILS OF IMMEDIATE FAMILY MEMBERS :

NAME	RELATIONSHIP	AGE (yrs)	OCCUPATION
ARUJUNAN	FATHER	70	FORMED
CAKSHUMI	MOTHER	62	HOUSE WIFE
SASI Kumar	BROTHER	27	BANK OFFICER
CHINNA DURAI	BROTHER	21	DEVELOPER

FAMILY DATA

HEALTH DATA	HEIGHT: <u>165</u> cms.	PHYSICAL DISABILITY (IF ANY): <u>RIGHT HAND SCAR</u> <u>FACE RIGHT SIDE</u>	BLOOD GROUP: <u>O+</u>		
	MAJOR ILLNESS / OPERATION (IF YES, GIVE DETAILS) <u>NIC</u>		STATE TIME LOST IN SICKNESS DURING THE LAST 2 YRS <u>NIC</u>		
	FAMILY HISTORY OF MAJOR ILLNESS (IF ANY): <u>NIC</u>				
EDUCATION	START FROM YOUR LAST QUALIFICATION :				
	DEGREE	UNIV / INSTITUTE	MONTH & YEAR OF PASSING	CLASS / GRADE	
	<u>B.Sc. BIOTECH</u>	<u>PENIYAN UNIVERSITY</u>	<u>2021</u>	<u>877. A GRADE</u>	
	PROFESSIONAL COURSES / DIPLOMA	UNIV / INSTITUTION	YEAR OF COMPLETION	CLASS / GRADE	
	<u>NIC</u>	<u>NIC</u>	<u>NIC</u>	<u>NIC</u>	
ACADEMIC ACHIEVEMENTS (IF ANY)		PROFESSIONAL MEMBERSHIPS			
PREVIOUS EMPLOYMENT	START FROM RECENT / LAST ASSIGNMENT :				
	EMPLOYER'S NAME & ADDRESS	TENURE		POSITION & FUNCTION	SALARY P.A.
		FROM	TO		REASON FOR LEAVING
	<u>NIC</u>	<u>NIC</u>	<u>NIC</u>	<u>NIC</u>	<u>NIC</u>

TRAINING DATA	DETAILS OF ANY TRANING / SPECIAL COURSES ATTENDED DURING EMPLOYMENT :				
	NAME OF COMPANY	DURATION OF TRAINING		NATURE OF TRAINING	
		FROM	TO		
	ISKCON Solution	2018	2019	MEDICAL CODING	
OTHER DATA	PRESENT / LAST SALARY :				
	N/A				
	Please attach recent salary slip.				
	REMUNERATION EXPECTED.				
	GROSS SALARY : 23 K CTC :				
HAVE YOU APPLIED TO OUR ORGANISATION EARLIER? IF YES, MENTION POST APPLIED, YEAR & RESULT.					
IF SELECTED TIME REQUIRED TO JOIN			LOCATION PREFERENCE :		
KNOWLEDGE OF LANGUAGE	MOTHER TONGUE : TAMIL				
	READ	WRITE	SPEAK		
	TAMIL	TAMIL	TAMIL		
	ENGLISH	ENGLISH	ENGLISH		
EXTRA-CURRICULAR ACTIVITIES	I am PLAYERS IN WALLY SAC AND SOCCER CIRCLE				



CARENOW LIFESCIENCES PRIVATE LIMITED
EMPLOYEMENT INFORMATION FORM

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NAME & ADDRESS OF TWO REFERENCES (NOT RELATIVES) :

REFERENCE 1	REFERENCE 2
NAME : <i>N 14</i>	NAME : <i>N 12</i>
ADDRESS : <i>N 12</i>	ADDRESS : <i>N 14</i>

TEL NO : TEL NO :

RELATIVES / ACQUAINTANCES IN OUR ORGANISATION (IF ANY) :

NAME	RELATIONSHIP	POSITION & LOCATION
<i>N 14</i>	<i>N 14</i>	<i>N 12</i>

HOW DID YOU KNOW ABOUT THIS POSITION / VACANCY?

DECLARATION

I declare that the information given above is true to the best of my knowledge & I understand that any false information, misrepresentation or omission of facts called for in this application, or other company records may result in my immediate dismissal without notice even if subsequently employed.

DATE: *18/08/2025*

PLACE: *COIMBATORE*

APPLICANT SIGNATURE: