

**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	ARUNAN		
Mother's Name	LAKSHMI.		
Blood Group	O+	Marital Status If Married No of children	UN MARRIED
Mobile Number	8610911172		

**Educational Background**

UG, Graduation, PG & diplomas if any.	Specialization	University & City	Year of completion
UG	B.SC BIOTECH	PERTYAR UNIVERSITY	2021

**Prior Experience**

Post held	Department / Function	Company (Name)	City	Tenure in years/ months
SUPERVISOR	BILLING	PEPS INDUSTRIES	KARUMBATHAM PATTI	1 year

**Address details**

Permanent Address	Present Address
573, Ramkagounden Kottai, Ennamangalam, Tamil nadu, ERODE 638501	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 : ..... UTIB0000170 .....

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 : [Signature]

HR : [Signature]

Confidential

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

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



## PERSONAL INFORMATION

Full Name: YUVARAJ. A  
First Middle Last

Permanent Address: 573, RAMAGOUNDANKOTTAI,  
House No. Street Name

ENNAMANGALAM, ANTHIYUR, TAMIL NADU - 638 501  
City State ZIP Code

Home Phone: 9486978198 Alternate Phone: 8610911172

Present Address: MOTHUGOUNDAN PUDUR, VEELAMBUR ROAD,  
House No. Street Name

COIMBATORE, TAMIL NADU - 641 402  
City State ZIP Code

Gender (M/F): MALE

Mobile: 8610911172

Email: 70707544@gmail.com

Birth Date: 22.04.2000

Spouse's Name: NIL

Nationality: INDIAN

Passport No.: NIL Expiry date: NIL

Marital Status: SINGLE  
(Single/Married/Divorced/Widowed)

Blood Group: O+

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**Emergency Contact Information**

Full Name: SASE KUMAR . A  
First Middle Last  
 Address: 573, RAMAGT DUNJAN KOTTAI  
House No. Street Name  
ANTHAYUR, ERODE, TAMIL NADU - 638-501  
City State ZIP Code  
 Primary Phone: 9486978198 Alternate Phone: NIC  
 Relationship: BROTHER

**Academic Qualification**

	Institution	Year(From & To)	Main Subjects	Score %
10 <sup>th</sup> Std.	ST. MICHAEL	2014 TO 2015	SCIENCE	88%
Graduation	PERLEYAN UNIVERSITY	2019 TO 2021	ALLIED	85%
Post-Graduation	NIC	NIL	NIL	NIL

**Family Background**

Relationship	Name	Occupation	Dependent or not
Father	ARUJUNAN	FORMER	NOT
Mother	LAKSHMI	HOUSE WIFE	NOT
Spouse	NIC	NIC	NOT
Child1	SASE KUMAR	BANK OFFICER	NOT
Child 2	CHENNA DURAI	DEVELOPER	NOT
Others	NIL	NIL	NIL

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**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: 80404744@gmail.com  
 Joining Date: 01-04-2024 Designation: Officer  
 Aadhar No.: 5329 4511 7122 PAN: BMEPY2385K  
 Bank Name: Axix Bank Account No.: 923010058627597  
 Branch: Salem IFSC Code: UTIB0000170

Name: S. Subash  
 Signature: [Signature]

Date: 01-04-25  
 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.

<b>PERSONAL DATA</b>	FULL NAME (in Block Letters) :		
	ADDRESS: PRESENT	ADDRESS: PERMANENT	Please affix here your recent passport size photograph
	MUTHUGOUNDAN PUDUR, NEELAMBUR ROAD, COIMBATORE TAMIL NADU - 641 402	573, RAMAKOTUNDAN KOTTAL, ENNAMANGALAM ANTHEYUR, TAMIL NADU - 638 - 501	
	Contact Number (along with STD code) : 9486109111 72	E-mail id: yoyoyj@gmail.com Contact Number (along with STD code) : 91+8610911172	
NAME & TEL NO. OF PERSON TO CONTACT (in case of emergency) : 86 9486978198 - SASI KUMAR -- BROTHER			
<b>FAMILY DATA</b>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH : 22/04/2000	PLACE OF BIRTH : ANTHEYUR.
	MARITAL STATUS : SINGLE	NATIONALITY : INDIAN	DOMICILE STATE :
	PASSPORT DETAILS : NO : <u>NIL</u> DATE OF EXPIRY : <u>NIL</u>		
	PLACE OF ISSUE : <u>NIL</u>		

**DETAILS OF IMMEDIATE FAMILY MEMBERS :**

NAME	RELATIONSHIP	AGE (yrs)	OCCUPATION
ARUNJANANI	FATHER	70	FORMER
CAKSHUMI	MOTHER	62	HOUSE WIFE
SASI KUMAR	BROTHER	27	BANK OFFICER
CHINNA DURAI	BROTHER	21	DEVELOPER



HEALTH DATA	HEIGHT: <u>165</u> cms.		PHYSICAL DISABILITY (IF ANY): <u>RIGHT HAND SCISSOR</u> <u>FACE RIGHT SIDE</u>		BLOOD GROUP: <u>O+</u>	
	WEIGHT: <u>65</u> kgs.					
	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>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		
ACADEMIC ACHIEVEMENTS (IF ANY)			PROFESSIONAL MEMBERSHIPS			
PREVIOUS EMPLOYMENT	START FROM RECENT / LAST ASSIGNMENT :					
	EMPLOYER'S NAME & ADDRESS	TENURE FROM TO		POSITION & FUNCTION	SALARY P.A.	REASON FOR LEAVING
	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

<b>TRAINING DATA</b>	<b>DETAILS OF ANY TRAINING / SPECIAL COURSES ATTENDED DURING EMPLOYMENT :</b>				
	<b>NAME OF COMPANY</b>	<b>DURATION OF TRAINING</b>		<b>NATURE OF TRAINING</b>	
		<b>FROM</b>	<b>TO</b>		
	ISKCON SOLUTION	2018	2019	MEDICAL CODING	
<b>OTHER DATA</b>	<b>PRESENT / LAST SALARY :</b>				
	N/A				
	Please attach recent salary slip.				
	<b>REMUNERATION EXPECTED.</b>				
	<b>GROSS SALARY :</b> 23 K <b>CTC :</b>				
<b>KNOWLEDGE OF LANGUAGE</b>	<b>MOTHER TONGUE :</b> TAMIL				
	<b>READ</b>	<b>WRITE</b>		<b>SPEAK</b>	
	TAMIL	TAMIL		TAMIL	
	ENGLISH	ENGLISH		ENGLISH	
<b>EXTRA-CURRICULAR ACTIVITIES</b>	I AM PLAYING IN WALLY SOL AND SOCCER CLUB				



**NAME & ADDRESS OF TWO REFERENCES (NOT RELATIVES) :**

REFERENCE 1	REFERENCE 2
NAME : <i>N/A</i>	NAME : <i>N/A</i>
ADDRESS : <i>N/A</i>	ADDRESS : <i>N/A</i>
TEL NO :	TEL NO :

**RELATIVES / ACQUAINTANCES IN OUR ORGANISATION (IF ANY) :**

NAME	RELATIONSHIP	POSITION & LOCATION
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

**HOW DID YOU KNOW ABOUT THIS POSITION / VACANCY?**

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.

**DECLARATION**

 DATE : *18/08/2025*

 PLACE : *COIMBATORE*

APPLICANT SIGNATURE :

