

APPLICATION FORM

Please fill in the details with utmost attention, as these shall be verified by HCL Technology Limited and/or by its authorized representatives.

All details are compulsory.



PERSONAL DETAILS

Full Name of Applicant: CHANDRA SEKHARA RAO MALLELA

HCL SAP Code: 51686942

HCL Official Email id: chandrasedkhararao.m@hcl.com.

HCL Office Address: HCL TECHNOLOGIES LIMITED
SEZ, JIGANI INDUSTRIAL AREA,
BANGALORE - 562106
KARNATAKA.

Date of Birth (dd/mm/yy): 20-05-1980

Place of Birth: KASIPADU

Sex: MALE

Nationality: INDIAN

Father's Name: M. KRISHNAMURTHY

Passport No.: G7834380

Home Phone: 9030412762

Office Phone:

Mobile: 8884823330

RESIDENTIAL ADDRESSES

PERMANENT ADDRESS: HO. NO. 5-133 (OLD NO. 5-87/1) SAIVIHARNAGAR, 2ND PHASE
MEE RPET, SAROORNAGAR (M.D.) RANHAREDDY (D.T.) HYDERABAD

City: HYDERABAD

State: TELANGANA

Pin Code: 500079

Phone No.: 9030412762

Duration of Stay: From (mm/yy)

To (mm/yy)

08/97

05/15

Nature of location: ☐ Rented ☒ Own ☐ Other (Specify)

LANDMARK: NEAR GAUTAMI SCHOOL

All details are compulsory

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CURRENT ADDRESS: NO. 102, SIHAMHADRI LAYOUT-3 rd CROSS, OPPOSITE STATE BANK OF MYSORE, KUDLUMAIN ROAD, BANGALORE.			
City: BANGALORE	State: KARNATAKA	Pin Code:	Phone No.:
Duration of Stay: From (mm/yy) To (mm/yy)		Nature of location: <input type="checkbox"/> Rented <input type="checkbox"/> Own <input checked="" type="checkbox"/> Other (Specify)	
05/2016 TILL DATE		STAYING WITH BROTHER	
LANDMARK: NEAR STATE BANK OF MYSORE.			

Address History:

Period Of Stay		Address	Landmark	Pincode	State	Country	Contact number
From MM-YY	To MM-YY						
08/1997	05/2015	HWY 5-133, SAI VIHAR NAGAR, 2 ND PHASE - MEERPET, SAROOR NAGAR (ND)	NEAR GAUTAMI SCHOOL	500079	ANDHRA PRADESH	INDIA	9030412762
05/15	05/2016	NO. 135, KESHAVA ENCLAVE, VGP ARJUN LAYOUT, KUDLUMAIN ROAD, BANGALORE	LAKSHMI VENKATESWAR TEMPLE	560068	KARNATAKA	INDIA	
05/2016	Till Date	NO. 102, SIHAMHADRI LAYOUT-3 rd CROSS, OPPOSITE STATE BANK OF MYSORE, KUDLUMAIN ROAD, BANGALORE	STATE BANK OF MYSORE	560068	KARNATAKA	INDIA	

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EDUCATION DETAILS							
QUALIFICATION	NAME & ADDRESS OF SCHOOL / COLLEGE / INSTITUTE	NAME & ADDRESS OF BOARD / UNIVERSITY TO WHICH THE SCHOOL / COLLEGE / INSTITUTE IS AFFILIATED TO	COURSE ATTENDED (MORNING / EVENING / CORRESPONDENCE)	MARKS (%) CGPA & CLASS	DATES ATTENDED		ROLL NUMBER / REGISTRATION NUMBER / EXAM SEAT NUMBER
					YEAR OF ENROLMENT (MM/YY)	YEAR PASSED (MM/YY)	
GRADUATION DEGREE: B.TECH DISCIPLINE: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Distance learning course	DR. PAUL RAJENDRAN INNOVATION BHADRA CHALAM KHAMMAM ANDRA PRADESH	JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY HYDERABAD 500072 ANDRAPRADESH	MECHANICAL ENGINEERING IN (MORNING)	62.25 /	06/2002	04/2005	02375A0301
POST GRADUATION DEGREE: DISCIPLINE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Distance learning course							
ANY OTHER							

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EMPLOYMENT RECORD: Starting with your present or most recent employer, please list last 5 employments. When listing consulting or temporary assignments, under "Employer", state the name of the consulting or temporary agency that placed you at the client site. Complete and accurate dates (month/year) must be provided.

EMPLOYER 1: GIT SERVICES INDIA PRIVATE LIMITED		Employee Id: 60094289	From (mm/yy): 05/2015	To (mm/yy): 06/2017
Street Address: GIT SERVICES INDIA PRIVATE LIMITED DIGITAL PARK, PLTNO. 39-40, KODAPPANA AGRAHARA		Employer's Phone No.:		Fax No.:
City: BANGALORE	State: KARNATAKA	Country: INDIA	Postal Code: 560100	
Job Title: SERVICE INFO DEVELOPER		Reason for leaving: CAREER GROWTH & BETTER PROSPECTS.		
Employment Status: (Please check the relevant box) <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		Supervisor's Details:		
Outsourcing Agency Details: Name: Address: Tel No.:		Name: SANKARAN SRINIVASAN Title: MR. Phone No.: 9845566750 E-mail id: SRINIVASAN.SANKARAN@hpe.com (Preferably official)		
		HR Manager's Details:		
		Name: Sheena. Phone No.: 080-33870082 E-mail id: sheena.abraham@hpe.com. (Preferably official)		
Description of Duties: SOFTWARE PROGRAM DEVELOPMENT, MAINTAINANCE & SUPPORT ACTIVITIES				

EMPLOYER 2: TATA CONSULTANCY SERVICES		Employee Id: 368162	From (mm/yy): 08/2010	To (mm/yy): 05/2015
Street Address: TCS SYNCRGY PARK, SERILINGAMPALLY CHACHIBOWLI, HYDERABAD, ANDHRAPRADESH		Employer's Phone No.:		Fax No.:
City: HYDERABAD	State: ANDHRAPRADESH	Country: INDIA.	Postal Code: 500032	
Job Title: IT ANALYST		Reason for leaving: CAREER GROWTH & BETTER PROSPECTS.		
Employment Status: (Please check the relevant box) <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		Supervisor's Details:		
Outsourcing Agency Details: Name: Address: Tel No.:		Name: GURUMURTHY V Title: MR Phone No.: 9840859260 E-mail id: V.gurumurthy@tcs.com (Preferably official)		
		HR Manager's Details:		
		Name: ARUNIMA. Phone No.: 8308536286 E-mail id: arunima.taragi@tcs.com. (Preferably official)		
Description of Duties: SOFTWARE PROGRAM DEVELOPER, MAINTAINANCE & SUPPORT ACTIVITIES				

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HCL TECHNOLOGIES LTD.

EMPLOYER 5:		Employee Id:	From (mm/yy):	To (mm/yy):
Street Address:			Employer's Phone No.:	Fax No.:
City:	State:	Country:	Postal Code:	
Job Title:		Reason for leaving:		
Employment Status: (Please check the relevant box)		Supervisor's Details:		
<input type="checkbox"/> Full Time		Name:		
<input type="checkbox"/> Contract /Through Outsourcing Agency		Title:		
Outsourcing Agency Details:		Phone No.:		
Name:		E-mail id:		
Address:		(Preferably official)		
Tel No.:		HR Manager's Details:		
Description of Duties:		Name:		
		Phone No.:		
		E-mail id:		
		(Preferably official)		

Professional References:

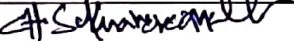
Reference Name	Reference Mobile Number	Company name	Reference official number
MURALIKRISHNA MANAM.	9741924490	BIT SERVICES INDIA PRIVATE LTD	
VIJAYARAM.	9 052295728	TATA CONSULTANCY SERVICES	040-67896106
VENKATA KRISHNA PRASAD	9000975342	TATA CONSULTANCY SERVICES.	040-67896106.

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INFORMATION RELEASE AUTHORIZATION

- I certify that the statements made in this application are valid and complete to the best of my knowledge. I understand that false or misleading information may result in termination of employment.
- If upon investigations, any of this information is found to be incomplete or inaccurate, I understand that I will be subject to dismissal at any time during my employment.
- I hereby authorize **HCL Technologies** and/or any of its subsidiaries or affiliates and any persons or organizations acting on its behalf (TP _____), to verify the information presented on this application form and to procure an investigative report or consumer report for that purpose.
- I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous records. In addition, please provide any other pertinent information requested by the individual presenting this authority.
- I hereby release from liability all persons or entities requesting or supplying such information.
- I authorize HCL Technology Ltd. to contact my previous employer. ☒ Yes ☐ No
- I have read, understand, and by my signature consent to these statements.

SIGNATURE: 

DATE: 15-DEC-2017

NAME (IN BLOCK LETTERS): CHANDRASEKHA RARAO MALLU

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