Personal Information

Personal Information

Candidate's Name

First name*
PRABAL

Middle name

Last name* SINHA

Father's name*

MANOJ KUMAR SRIVASTAVA

Personal Details

Date of birth*

Day Month Year

26 August 1988

Gender*

MALE

Marital status

Nationality*

SINGLE INDIAN

Personal Identity Details

Examples of Identity Type - Passport, Pan Card, Driving License, Election ID Card etc.

Identity type

Passport

Identity number

R3546482

Contact Details

Personal email address*

Official email address

PRABALS933631@GMAIL.COM

Office phone

Country Area Phone No.

Country Area Phone No.

Code Code

Home phone

Code Code

Mobile*

Country Phone No.

Code

91 9911846994

Education

Education (Highest Qualification)

Education Details

Provide available and relevant details only. Enter "NA" wherever the field is Not applicable.

Please enter your completed highest qualification details only.

Name of the candidate while attending the below qualification*

PRABAL SINHA

Complete name of Qualification/ Degree Attained*

B.TECH

Year of passing*

2011

School / College / Institution attended (full name)*

SASTRA UNIVERSITY

University name*

SASTRA UNIVERSITY

Major

BIOINFORMATICS

School/College/Institution Address

SASTRA UNIVERSITY, Trichy-Tanjore Road, Thirumalaisamudram, Thanjavur, Tamil Nadu 613401

Qualification Completion Dates

Dates Attended (From) Day Month Year 13 July 2007 Dates Attended (To) **Day Month Year** 31 May 2011 **Educational Identification Details Enrollment number** Seat number* 011113042 Roll number **Convocation number PRN** number Identification Type (Eg. SSN, HKID, Passport#, NRIC # etc).* Passport NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button

before logging out. Failure to do so will result in all information entered to be lost.

Employment	
HR	
If you have no employm	ent experience prior to this then please check this box. \Box
Please enter your last 5	years employment details starting from the most recent one
Is this your Current employe Yes	r?*
Dates employed (From)*	Dates employed (To)
Day Month Year 26 December 2018	Day Month Year NA NA NA
Do we have permission to co No	ntact this current employer?*
Employment Details	
Employer name* Cognizant Technology Solutions	
	ame, country code, contact details, email ID* s ICC Trade Tower, Senapati Bapat Rd, Shivajinagar, Pune, Maharashtra 411016

City name*
PUNE

Employee code/ID*

758014

Designation*

Senior Associate

Self employment/ Family business*

Employed

Remuneration : Gross/Net/CTC*

1870000

Supervisor Details

Supervisor name & Designation*

Anand Madalli (PROJECT MANAGER)

Supervisor contact details & Email id*

9986019980 (Anand.Madalli@cognizant.com)

Additional Details

Reason for leaving*

Better Opportunity

Full time / Part time*

Full time

Employment type*

Permanent

HR and Other Details

HR contact name*

Sapre, Nitish

HR contact details*

09923973389 (NITISH.SAPRE@COGNIZANT.COM)

Candidate's Date of Birth

Day Month Year

26 August 1988

Agency name branch & address - Contact details*

NA

Please enter your last 5 years employment details starting from the most recent one.

Is this your Current employer?*

No

Dates employed (From)* Dates employed (To)*

DayMonthYearDayMonthYear14March201824December 2018

Employment Details

Employer name*

POLARIS CONSULTING AND SERVICES LTD.

Employer address, country name, country code, contact details, email ID*

VIRTUSA POLARIS 34 IT Highway Navallur, Chennai, Tamil Nadu 603103

City name*

chennai

Employee code/ID*

8044399

Designation*

Lead Consultant - Technology

Self employment/ Family business*

Employed

. ,

Remuneration : Gross/Net/CTC* 1750000

Supervisor Details

Supervisor name & Designation*
AVINESH KUMAR SINGH (PROJECT MANAGER)

Supervisor contact details & Email id*
9701700069 (AVINESHKUMARS@VIRTUSA.COM)

Additional Details

Reason for leaving*
RESIGNED

Full time / Part time*
Full time

Employment type*
Permanent

HR and Other Details

HR contact name*
MOUNICA MAMATHA DEVANABOINA

HR contact details* 9989351629 (MOUNICAMD@VIRTUSA.COM)

Candidate's Date of Birth

Day Month Year

26 August 1988

Agency name branch & address - Contact details* NA

Please enter your last 5 years employment details starting from the most recent one.

Is this your Current employer?*

No

Dates employed (From)* Dates employed (To)*

DayMonthYearDayMonthYear02December 201629December 2017

Employment Details

Employer name*

Tech Mahindra Limited

Employer address, country name, country code, contact details, email ID*

Tech Mahindra Limited Infocity, Hi-tech City Layout, Madhapur, Hyderabad 500081, India.

City name*

HYDERABAD

Employee code/ID*

492691

Designation*

Associate Tech Specialist

Self employment/ Family business*

EMPLOYED

Remuneration : Gross/Net/CTC* 1300000

Supervisor Details

Supervisor name & Designation*
BARANI KUMAR (PROJECT MANAGER)

Supervisor contact details & Email id* 8541244557 (BARANIKD@TECHMAHINDRA.COM)

Additional Details

Reason for leaving*
RESIGNED

Full time / Part time*
Full time

Employment type*
Permanent

HR and Other Details

HR contact name*
JYOTI VERMA

HR contact details*
8657233528 (JV00423537@TECHMAHINDRA.COM)

Candidate's Date of Birth

Day Month Year

26 August 1988

Agency name branch & address - Contact details* NA

Please enter your last 5 years employment details starting from the most recent one.

Is this your Current employer?*

No

Dates employed (From)* Dates employed (To)*

DayMonthYear25January 201630November 2016

Employment Details

Employer name*

CSC Technologies India Private Limited

Employer address, country name, country code, contact details, email ID*

CSC TECHNOLOGIES INDIA PRIVATE LIMITED Registered Office: Unit 13, Block 2, SDF Buildings, MEPZ – SEZ, Tambaram Sanatorium, Chennai (Tamilnadu) - 600 045.

City name* CHENNAI

Employee code/ID*

11511728

Designation*

Professional 1: Application Delivery

Self employment/ Family business*

EMPLOYED

Remuneration : Gross/Net/CTC*

960000

Supervisor Details

Supervisor name & Designation*
SHARADHA DEVI LAKSHMANAN (PROJECT MANAGER)

Supervisor contact details & Email id* 04422628080 (SLAKSHAMANAN@CSC.COM)

Additional Details

Reason for leaving*
RESIGNATION

Full time / Part time*
Full time

Employment type*
Permanent

HR and Other Details

HR contact name*
ANSHU SHARMA

HR contact details*
8826193068 (ASHARMA94@CSC.COM)

Candidate's Date of Birth

Day Month Year

26 August 1988

Agency name branch & address - Contact details* NA

Please enter your last 5 years employment details starting from the most recent one.

Is this your Current employer?*

No

Dates employed (From)* Dates employed (To)*

DayMonthYearDayMonthYear14September 201120January 2016

Employment Details

Employer name*

TATA CONSULTANCY SERVICES

Employer address, country name, country code, contact details, email ID*

TATA CONSULTANCY SERVICES LTD. 9 FLOOR, NIRMAL BUILDING, NARIMAN POINT, MUMBAI 400021

City name*
MUMBAI

Employee code/ID*

524383

Designation*

SYSTEMS ENGINEER

Self employment/ Family business*

EMPLOYED

Remuneration : Gross/Net/CTC* 386780

Supervisor Details

Supervisor name & Designation*
ARVIND GUPTA (PROJECT LEAD)

Supervisor contact details & Email id* 8888229849 (ARVIND.GUPTA3@TCS.COM)

Additional Details

Reason for leaving*
RESIGNATION

Full time / Part time*
Full time

Employment type*
Permanent

HR and Other Details

HR contact name*PIYUSH DONGRE

HR contact details* 02067941014 (PIYUSH.DONGRE@TCS.COM)

Candidate's Date of Birth

Day Month Year

26 August 1988

Agency name branch & address - Contact details* NA

Gap in Employment History

Gap In Employment

Gap Period

Period from

Day Month Year NA NA NA

Period to

Day Month Year NA NA NA

Criminal

Court records

Address Type*

Current

Personal Details

Candidate's full name

PRABAL SINHA

Date of birth*

Day Month Year

26 August 1988

Father's name*

LT. MANOJ KUMAR SRIVASTAVA

Address Details

Flat number* Apartment number / Unit / House / Building*

C 805 SPLENDOR COUNTY

Building number and name & Road name* Landmark*

LOHEGAON WAGHOLI ROAD BEHIND WAGHESWAR TEMPLE

City/ Town/ Area/ District*

WAGHOLI

City name* Address pin ZIP/ Pin / Postal code*

PUNE 412207

Country & City/ State acquired*
INDIA

State / County/ Province/ Prefecture*
MAHARASTRA

Contact Details and Period of Stay

Contact phone number* 9911846994

Period of stay (From)*

Day Month Year 01 June 2019

Period of stay (To)

Day Month Year NA NA NA

Address Type*

Permanent

Personal Details

Candidate's full name

PRABAL SINHA

Date of birth*

Day Month Year

26 August 1988

Father's name*

LT. MANOJ KUMAR SRIVASTAVA

Address Details

Flat number* Apartment number / Unit / House / Building*

C 22/94 -

Building number and name & Road name* Landmark*

KABIR ROAD NEAR SSPG HOSPITAL

City/ Town/ Area/ District*

VARANASI

City name* Address pin ZIP/ Pin / Postal code*

VARANASI 221001

Country & City/ State acquired* State / County/ Province/ Prefecture*

INDIA UTTAR PRADESH

Contact Details and Period of Stay

Contact phone number* 8090428442

Period of stay (From)*

Day Month Year 26 August 1988

Period of stay (To)

Day Month Year NA NA NA

Address

Current Address - Physical Verification

Current Address Details

Apartment/Flat/House/Unit number* Building/Apartment name*

C 805 SPLENDOR COUNTY

Area/Locality name*
WAGHOLI

Street / Road Name*
LOHEGAON WAGHOLI ROAD

City/Town/Suburb/Area/District* County / State*
WAGHOLI MAHARASTRA

Landmark (Within 50 - 75 meters of address)*
BEHIND WAGHESWAR TEMPLE

Country* Post / ZIP code*

INDIA 412207

Father's name*

LT. MANOJ KUMAR SRIVASTAVA

Contact Details & Period of Stay

Hand phone (Cell phone)

9911846994

Land line

Period of stay (From)*

Day Month Year 01 June 2019

Period of stay (To)

Day Month Year NA NA NA

Other Details

Nationality INDIAN

National identity number National insurance number

Social insurance number Social security number (SSN)

Additional information

Permanent address - Physical Verification

In case permanent address in not available then please update longest period of stay covering last 7 years.

Permanent Address Details

Apartment/Flat/House/Unit number* Building/Apartment name*

C 22/94

-

Area/Locality name* Street / Road Name*

KABIR CHAURAH KABIR ROAD

City/Town/Suburb/Area/District* County / State*
VARANASI UTTAR PRADESH

Landmark (Within 50 - 75 meters of address)*

NEAR SSPG HOSPITAL

Country* Post / ZIP code*

INDIA 221001

Father's name*

LT. MAHOJ KUMAR SRIVASTAVA

Contact Details & Period of Stay

Hand phone (Cell phone)

8090428442

Land line

Period of stay (From)*

Day Month Year

26 August 1988

Period of stay (To)

Day Month Year NA NA NA

Other Details

Nationality

National identity number National insurance number

Social insurance number Social security number (SSN)

Additional information

Pan card Verification
Pan Card Verification
In case pan card is not available then please provide passport copy and if passport copy not available then driving license copy.
Candidate details
Name as per pan card* PRABAL SINHA
Date of birth* 26-08-1988
Pan Card Number* CKRPS4199H
NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.

Document Investigation		
Voters ID		
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Voters ID Details		
Please update correct and com PRABAL SINHA	iplete name*	
Card No* ISG0604454		
	ndatory fields (indicated with an asterisk) and do so will result in all information entered to	ed by clicking on the "Save" button