

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: Mahendran S

HCL SAP Code: 51848933

HCL Official Email id: mahendranma@hcl.com

HCL Office Address:

HCL Technologies Ltd, Surya Sapphire, Plot#3, 1St Phase, Hosur Road, Electronic City Bangalore 560100

Date of Birth (dd/mm/yy): 20/05/1976

Place of Birth: Theni

Sex: Male

Nationality: Indian

Father's Name: Suruli

Passport No.: L1342215

Home Phone: 9686367591

Office Phone:

Mobile: 9686367591

RESIDENTIAL ADDRESSES

PERMANENT ADDRESS:

Sabbani Amman Koil Street
Theni District

City: Theni

State: Tamilnadu

Pin Code: 655577

Phone No.: 9686367591

Duration of Stay: From (mm/yy) 05/76 To (mm/yy) : 03/98

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

LANDMARK:

Before Chinamannor stop.

All details are compulsory

Strictly Private & Confidential.

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CURRENT ADDRESS: #776, Mahalingeswara Layout, Adugodi, Bangalore			
City: Bangalore	State: Karnataka	Pin Code: 560030	Phone No.: 9686367591
Duration of Stay: From (mm/yy) <u>04/98</u> To (mm/yy) <u>12/19</u>		Nature of location: <input type="checkbox"/> Rented <input checked="" type="checkbox"/> Own <input type="checkbox"/> Other (Specify)	
LANDMARK:			

Address History:

Period Of Stay		Address	Landmark	Pincode	State	Country	Contact number
From MM-YY	To MM-YY						
05-76	03-98	Sabbani Amman Kailash Street, Seelapala Therhi	Next to Therhi	655 577	Tamil Nadu	India	968636 7591
04-98	12-19	Adugodi, Bangal ore	Nest forum mall	5600 30	Kar nataka	India	968636 7591

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	Government College of Engineering, Vellore, Tamilnadu.	University of Madras, Chennai, Tamilnadu.	B.E	64%	04/1996	03/1998	849218
DEGREE: DISCIPLINE: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Distance learning course							
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: Sontata Software Ltd		Employee Id:	From (mm/yy):05/04														
Street Address:A.P.S Trust building,Bull Temple Rod, N.R.Colony -560019		Employer's Phone No.:91-80-26610330	To (mm/yy):06/05 Fax No.: 91-80-26610972														
City: Bangalore	State:Karnataka	Country:India	Postal Code: 560019														
Job Title: Senior System Analyst		Reason for leaving: Better career.															
Employment Status: <i>(Please check the relevant box)</i> <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name:</td> <td>Kumar S Krishnamurthy</td> </tr> <tr> <td>Title:</td> <td>Manager</td> </tr> <tr> <td>Phone No.:</td> <td>91-80-26610330</td> </tr> <tr> <td>E-mail id: <i>(Preferably official)</i></td> <td></td> </tr> </table> HR Manager's Details: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name:</td> <td>Kumar S Krishnamurthy</td> </tr> <tr> <td>Phone No.:</td> <td>91-80-26610330</td> </tr> <tr> <td>E-mail id: <i>(Preferably official)</i></td> <td></td> </tr> </table>		Name:	Kumar S Krishnamurthy	Title:	Manager	Phone No.:	91-80-26610330	E-mail id: <i>(Preferably official)</i>		Name:	Kumar S Krishnamurthy	Phone No.:	91-80-26610330	E-mail id: <i>(Preferably official)</i>	
Name:	Kumar S Krishnamurthy																
Title:	Manager																
Phone No.:	91-80-26610330																
E-mail id: <i>(Preferably official)</i>																	
Name:	Kumar S Krishnamurthy																
Phone No.:	91-80-26610330																
E-mail id: <i>(Preferably official)</i>																	
Description of Duties:																	

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EMPLOYER 2: DXC Technologies Ltd formerly Hewlet Packard Enterprises (HPE) .		Employee Id:20159352	From (mm/yy):07/05	To (mm/yy):12/2019
Street Address: Salarpuri G.R Tech park, Akash Block, Mahadevpura CMC, Whitefiled,			Employer's Phone No.:	Fax No.:
City:Bangalore	State:Karnataka	Country:India	Postal Code:560066	
Job Title: Technical Architect		Reason for leaving: Better Career		
Employment Status: (Please check the relevant box) <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details: Name: Sachin Kathuria Title: Program Manager Phone No.: 9845851553 E-mail id: Sachin.kathuria@dx.com (Preferably official) HR Manager's Details: Name: Sachin Kathuria Phone No.: E-mail id: (Preferably official)		
Description of Duties:				

EMPLOYER 3:Ericsson India Global Ltd		Employee Id:56924	From (mm/yy):12/18	To (mm/yy):10/19
Street Address: Bagmane Tech Park, Mahadevpura,			Employer's Phone No.: + 91 120 3029200	Fax No.: 91 120 3029135
City: Bangalore	State:Karnataka	Country:India	Postal Code:560048	
Job Title: Solution Architect		Reason for leaving: Better Career		
Employment Status: (Please check the relevant box) <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Supervisor's Details: Name: Sripryya Sethuraman Title: Line Manager Phone No.: 9789087756 E-mail id: Sripryya.Sethuraman@ericsson.com (Preferably official) HR Manager's Details: Name: Phone No.: E-mail id: (Preferably official)		
Description of Duties:				

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EMPLOYER 4:		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: <i>(Please check the relevant box)</i>		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:		<i>(Preferably official)</i>		
Tel No.:		HR Manager's Details:		
Description of Duties:		Name:		
		Phone No.:		
		E-mail id:		
		<i>(Preferably official)</i>		

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: <i>(Please check the relevant box)</i>		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:		<i>(Preferably official)</i>		
Tel No.:		HR Manager's Details:		
Description of Duties:		Name:		
		Phone No.:		
		E-mail id:		
		<i>(Preferably official)</i>		

Professional References:

Reference Name	Reference Mobile Number	Company name	Reference official number
Dillip Patra	9686844844	Ericsson India Global Ltd	

*All details are compulsory**Strictly Private & Confidential.*

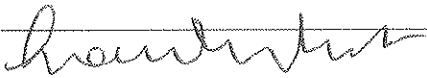
HCL TECHNOLOGIES LTD.

Santhosh Hegde	9880780005	DXC Technologies Ltd formerly HPE.	

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:



NAME (IN BLOCK LETTERS):

MAHENDRAN S

DATE:

12-12-2019