

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: Sonawane Pranali Pravin

HCL SAP Code: 51964682

HCL Official Email id: sonawanepranali.pravi@hcl.com

HCL Office Address: Pune SEZ - Magarpatta City Tower 7, Wing A&B,

Date of Birth (dd/mm/yy): 11/06/2000

Place of Birth: Pune

Sex: Female

Nationality: Indian

Father's Name: Pravin Shashikant Sonawane

Passport No.: -

Home Phone: 9156982822

Office Phone:

Mobile: 9156982822

RESIDENTIAL ADDRESSES

PERMANENT ADDRESS: Plot no 16, Bhagyodaya Colony, Tamjai Nagar, Satara.

City: Satara

State: Maharashtra

Pin Code: 415002

Phone No.: 9156982822

Duration of Stay: From (mm/yy) To (mm/yy)
02/2020 to 07/2021

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

LANDMARK: Tamjai devi Temple.

All details are compulsory

Strictly Private & Confidential

CURRENT ADDRESS: Plot no 16, Bhagyodaya colony, Tamjai nagar Satara			
City: Satara	State: Maharashtra	Pin Code: 415002	Phone No.: 9156982822
Duration of Stay: From (mm/yy) To (mm/yy) 02/2020 to 07/2021		Nature of location: <input type="checkbox"/> Rented <input checked="" type="checkbox"/> Own <input type="checkbox"/> Other (Specify)	
LANDMARK: Tamjai devi Temple.			

Address History:

Period Of Stay		Address	Landmark	Pincode	State	Country	Contact number
From MM-YY	To MM-YY						
01/2000	07/2015	Plot no 16, Bhagyodaya colony, Tamjai nagar Satara	Tamjai devi temple	415002	Maharashtra	India	9156982822
07/2015	02/2020	17 Ushakar Society Pune.	Mohamadwad; Police chowki	411060	Maharashtra	India	9156982822
02/2020	07/2021	Plot no 16, Bhagyodaya colony, Tamjai nagar Satara	Tamjai devi Temple.	415002	Maharashtra	India	9156982822

All details are compulsory

Strictly Private & Confidential

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:							
DISCIPLINE:							
<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Distance learning course	VIIT, Pune	SPPU	Morning	7.6	08/ 2018	07/ 2021	21820006
POST GRADUATION							
DEGREE:							
DISCIPLINE:							
<input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Distance learning course							
ANY OTHER							

All details are compulsory

Strictly Private & Confidential

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:		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)	

EMPLOYER 2:		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)	

All details are compulsory

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HCL TECHNOLOGIES LTD.

EMPLOYER 3:		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 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>		

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

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:		<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:

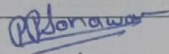
Reference Name	Reference Mobile Number	Company name	Reference official number
Akshata sheta	9404564613	SLD Pune	-
Jaydeep Dheshmukh	9766776759	PRICOI LTD, Satara	-
Pallavi Phumal	9545276759	Evergreen Global Holiday	-

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

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: 16/07/2021

NAME (IN BLOCK LETTERS): SONAWANE PRANALI
PRAVIN



Bansilal Ramnath Agarwal Charitable Trust's
VISHWAKARMA INSTITUTE OF INFORMATION TECHNOLOGY

(An Autonomous Institute Affiliated to Savitribai Phule Pune University)

(Approved by AICTE, New Delhi, A.I.S.H.E. Institute Code : C-41497)

NAAC Accredited with 'A' Grade, An ISO 9001:2015 Certified Institute

S. No. 3/4, Kondhwa Bk., Pune - 411 048. MAHARASHTRA INDIA

Tel.: +91-20-26950200/26950400, Fax : +91-20-26950450

Email : director@viit.ac.in Website : www.viit.ac.in

REF.NO: VI-K/SS/2020-21/E706

Date: 06-May-2021

BONAFIDE CERTIFICATE

This is to state that **Ms.PRANALI PRAVIN SONAWANE**
(G.R.No.21820006)

is a bonafide student of this institute studying in class : **BTech**

Branch : **BTech-Electronics and Telecommunication Engg**

ROLL NO : **414010** admitted for the Academic Year : **2020-21**.

This Institute is affiliated to the Savitribai Phule Pune University.

(Identification No. : PU/PN/Engg/184/2002-2003), recognized by the government of Maharashtra and approved by All India Council for Technical Education, New Delhi.(Vide.F.No. 740-89-013 05/2002)

This is an Un aided Institute.

The courses conducted in this institute are full-time courses.



Registrar

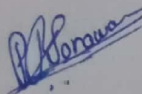
Self-Declaration Questionnaire

Full Name: Pranali Pravin Sonawane

Location : Satara

HCL SAP :

Sno	Self-Declaration Questions	Declaration (Yes/No)
1	Do you hold a directorship with a publicly owned and/or listed company?	NO
2	Are you currently engaged in any other business either as a proprietor, partner, officer, director, trustee, agent or otherwise?	NO
3	Do you have any external position involving the provision of legal, compliance or audit advice	NO
4	Do you hold any position with any company (entity, enterprise or other similar organisation) that may be a potential client of, supplier to or provider of services to UBS?	NO
5	Do you have any family or personal relationships with any current UBS employees? If YES: Please update the below Complete Name of UBS Person: GPN : Designation :	NO
6	Do you have any family or personal relationships with any UBS clients or vendors? If YES : Please update the below Complete Name : GPN : Designation :	NO
7	Do you have any family members/close associates that are public officials? If YES : Please update the below Complete Name : Department : Designation :	NO

Signature: 

Date: 19/06/2021

DATE: 19/06/2021**HCL Candidate: Statement of Fact**

I Pranali Pravin Sonawane [Candidate Name] of Plot no 16, Bhaghoydhay colony, Tamjai Nagar, Satara [Address], born on 11 / 06 / 2000 hereby declare that during the periods outlined below I was engaged the activities stated:

Date From (mm/yy)	Date To (mm/yy)	Activity/ address details

I hereby declare that during these periods I was not involved in any illegal activities (not including minor motoring offences) or any activities which would preclude HCL < ENTITY NAME> from engaging me in service.

I acknowledge and understand that any engagement with [client name] is conditional upon the information I have given in this declaration being accurate and true and that HCL<Entity Name> will rely upon the information I have given in this declaration in engaging me in service. Further more I understand and agree that this declaration does not supersede any other declaration made by me in relation to my application with HCL<Entity>, including that made on my application form.

I hereby confirm that the information contained in this declaration is true and complete to the best of my knowledge.

I confirm that this statement is true to the best of my knowledge, information, and belief.

Signed by: 

Dated: 19/06/2021