



## APPLICATION FOR EMPLOYMENT

# SYNOPSYS®

**SYNOPSYS (India) Pvt. Ltd.**

RMZ Infinity, Tower A, 3rd, 4th & 6th Floor  
Municipal No.3, Old Madras Road  
Benniganahalli, Bangalore 560 016

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# APPLICATION FOR EMPLOYMENT

Must be completed and signed even if attaching a personal resume

PHOTO

## AN EQUAL OPPORTUNITY EMPLOYER

In recruiting, hiring and promoting personnel, qualifications for the position being filled continue to be the determining factor

PERSONAL DATA				
Name: Last S	First Pranes	Middle	Initial	SEX: (Tick) <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Date of Birth: 12/07/2003 DD /MM /YY				
ADDRESS : PERMANENT 3-121, Periya Varapalayam, kadambankurichi, karur, 639113		PRESENT C5, Rani Meyyammai Nagar, Vedasandur, Karikkali, Tamil Nadu 624703		Blood Group O+ve
Tel No.: 9943522122		Tel No.:		
IN EMERGENCY, PLEASE CONTACT Sundaramurthy M (Relationship) Father Tel No. 9943345463				
NATIONALITY: Indian	MARITAL STATUS Single	SPOUSE'S NAME	DATE OF MARRIAGE	
PASSPORT DETAILS : Place issued :Trichy Validity 25-12-2034				
US Visa Status : <input type="checkbox"/> Applid before <input type="checkbox"/> Currently valid (Type) Validity				
Countries visited before :				
REFERRAL SOURCE				
<input type="checkbox"/> Adverstisment <input type="checkbox"/> Walk in <input type="checkbox"/> Employee Referral / Name of Employee				
<input type="checkbox"/> Other Campus Placement - NIT Trichy				
EMPLOYMENT INTEREST				
TYPE OF POSITION APPLIED FOR ASIC Digital Design Engineer			Data Available	
<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Summer intern <input type="checkbox"/> Temporary				
Have you ever applied to Synopsys subsidiary before ? <input type="checkbox"/> Yes If yes, when and where? <input checked="" type="checkbox"/> No				
EDUCATION AND TRAINING				
Degree	Main Subject / Specialisation	Name and location of College/University/High School (List in order of highest degree attained)	Year of Passing	% age/ GPA
B Tech	ECE	National Institute of Technology Tiruchirapalli	2025	9.07
12th Std	Higher secondary	Maharishi International Residential School	2020	94.40
10th std	School Level	Thamarai International School	2018	88.40
Additional education, vocational and/or professional information:				


**ACCOUNT FOR EMPLOYMENT HISTORY** Account for employment history as applicable. List present or most recent employment first.  
List additional employers on back page.

Employer		Employment Dates: From		To
Address		Phone Number : ( )		
Job Title:				
Beginning Salary		Ending Salary		
Description of duties:				
Reason for leaving:				

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Address		Phone Number : ( )		
Job Title:				
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Employer		Employment Dates: From		To
Address		Phone Number : ( )		
Job Title:				
Beginning Salary		Ending Salary		
Description of duties:				
Reason for leaving:				

ADDITIONAL EMPLOYERS				
Name and Address	From Mo./Yr.	To Mo./Yr.	Job Title	Reason for leaving

<p><b>APPLICANT'S STATEMENT</b></p> <p>I certify that the information provided in the application is accurate, I understand that the withholding of information or giving of false information on the application or my resume will result in a refusal to hire or in disciplinary up to including the termination of my employment.</p> <p>I hereby grant permission to any person, firm or corporation to release to the company or its representatives any and all information regarding my past work or employment and my background. I waive any and all claims I might have with respect to the providing of such information.</p> <p>I understand and agree that if I am offered employment by the company, It will be for an indefinite terms and on an at-will basis. This means that either I or the Company may terminate the employment relationship at any time, with or without cause. I understand that this "at-will" relationship may be changed only by a written agreement entered into for this purpose and aligned by the company's Chief Executive Officer or authorized signatory, I also understand that other terms and conditions or my employment will be governed by various policies and rules and regulations of the company, in writing and otherwise, and that those policies and rules and regulations may be changed from time to time by the Company at its discretion without affecting the "at-will" nature of employment.</p> <p>If I am offered employment, I agree that on or before my hire date, I will provide original documents to Synopsys which verify my identity, qualifications and experience.</p> <p>I Understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by this employer and employee in writing.</p> <p>I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION</p>	
<p><b>Signature of Applicant</b></p> <p><u></u></p>	<p><b>Date</b></p> <p><u>05/01/2025</u></p>



13(B) Passport Number C6815412

13(C) Passport valid from

D	D	M	M	Y	Y	Y	Y
2	6	1	2	2	0	2	4

TO

D	D	M	M	Y	Y	Y	Y
2	5	1	2	2	0	3	4

14) Educational Qualification  
(Please Tick)

ILLITERATE	NON - MATRIC	MATRIC	SECONDARY	GRADUATE	GRADUATE	DOCTOR	PROFESSIONAL
					<input checked="" type="checkbox"/>		

15) Marital Status  
(Please Tick)

Married	Unmarried	Widow	Divorcee
	<input checked="" type="checkbox"/>		

16) Specially Abled  
(Please Tick)

YES	NO
	<input checked="" type="checkbox"/>

IF YES, TICK THE CATEGORY		
LOCOMOTIVE	VISUAL	HEARING

17) KYC Details

KYC Document Type	Name as on KYC Document	Number	Remarks
Bank A/c -1*	Pranes S	40496304437	IFSC: SBIN0000856
NPR/ Aadhaar	Pranes S	430047038952	
(PAN)	PRANES S	GJWPP4866C	
Passport	PRANES SUNDARAMURTHY	C6815412	
Driving Licence	PRANES S	TN4720210003641	
Election Card			
Ration Card			
ESIC Card			

**C. Undertaking:**

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BEHALF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND / OR EPD, 1995,
- (I) I HAVE ENSURED THE CORRECTNESS OF MY UAN / PREVIOUS PF MEMBER ID.
- (II) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS ACCOUNT AS
- (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN MEMBER PORTAL.

Date : 05/01/2025

Place : Karur

*S. Prane*  
Signature of Member

**DECLARATION BY PRESENT EMPLOYER**

- A. THE MEMBER MR./MS./MRS. .... HAS JOINED ON ..... AND HAS BEEN ALLOTTED PF MEMBER ID
- B. IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS,1995:
- \* (POST ALLOTMENT OF UAN ) THE UAN ALLOTTED FOR THE MEMBER IS .....
- \* PLEASE TICK THE APPROPRIATE OPTION:
- THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATA BASE
- ☐ HAVE NOT BEEN UPLOADED
- ☐ HAVE BEEN UPLOADED BUT NOT APPROVED
- ☐ HAVE BEEN UPLOADED APPROVED WITH DSC
- C. IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEME, 1952 AND EPS,1995:
- \* THE ABOVE MEMBER ID OF THE MEMBER AS MENTIONED IN (A) ABOVE HAS BEEN TAGGED WITH HIS/HER UAN / PREVIOUS MEMBER ID AS
- \* PLEASE TICK THE APPROPRIATE OPTION:-
- ☐ THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE BEEN APPROVED WITH DIGITAL SIGNATURE CERTIFICATE AND TRANSFER REQUEST HAS BEEN GENERATED ON PORTAL.
- ☐ AS THE DSC OF ESTABLISHMENT ARE NOT REGISTERED WITH EPFO, THE MEMBER HAS BEEN INFORMED TO FILE PHYSICAL CLAIM (FORM - 13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

DATE :

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT

**GROUP TERM LIFE INSURANCE POLICY/ GROUP PERSONAL ACCIDENT**  
**Nomination Declaration Form**

Employee Name - Pranes S

Employee ID -

I hereby nominate the person(s) mentioned below as my "Nominee(s)" to receive the eligible sum insured amount payable by the Insurance Company in the event of my death, during my service period with "Name of the Company" :

Sl No.	Name (full name) & Address of the Nominee/Nominees (in capital letters)	Gender M/F	Date of Birth (DD/MM/YYYY)	Nominee's relationship with the employee	Share of sum insured to be paid to each nominee	If the nominee is a minor, Name & address of the Guardian who may receive the sum insured during the minority of nominee
1	Sundaramurthy M  3-121, Periya Varapalayam, Kadambankurichi, karur, 639113	M	10-05- 1973	Father	50%	
	Mobile / Landline No. 9943345463					
	Email ID. sundarcccl1974@gmail.com					
	UID / Aadhaar Card No. 459503026266					
2	Suganya S  3-121, Periya Varapalayam, Kadambankurichi, karur, 639113	F	13-05- 1980	Mother	50%	
	Mobile / Landline No. 9047390391					
	Email ID. sundarcccl1974@gmail.com					
	UID / Aadhaar Card No. 396368500264					

I understand that admittance / settlement of any claims arising out of this policy are subject to the terms and conditions of the Group Term Life Insurance Policy of "Name of the company" and as per the prevailing rules and guidelines of Insurance Company & Insurance Regulatory Development Authority (IRDA). I further undertake to update the details of Nominations hereinabove declared in case of any changes thereof, in writing to HR Department.

Date :05-01-2025

Place: Karur

  
Signature of Employee