

## 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: MOHD. SALIM SIDDIQUI

HCL SAP Code: 51521149

HCL Official Email id: mohammad.safim.s@hcl.com

HCL Office Address: ODC-5, FIRST FLOOR, SW TOWER-2  
SEZ, SECTOR 126, NOIDA

Date of Birth (dd/mm/yy): 27/04/1985

Place of Birth: BALRAMPUR

Sex: MALE

Nationality: INDIAN

Father's Name: SAJID ALI SIDDIQUI

Passport No.: H7652360

Home Phone: 05263  
232740

Office Phone:

Mobile: 9716001760

## RESIDENTIAL ADDRESSES

PERMANENT ADDRESS: MOH. GOVIND BAG, NEAR WATER TANK  
M.A. ROAD DISTT. BALRAMPUR UP

City: BALRAMPUR

State: UP

Pin Code: 271201

Phone No.: 05263232740

Duration of Stay: From (mm/yy) To (mm/yy)  
04/1985 06/2009

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

LANDMARK: NEAR WATER TANK

Mohd. Safim Siddiqui

# HCL TECHNOLOGIES LTD.

<b>CURRENT ADDRESS:</b> HOUSE NO-41, MURADI ROAD, BATLA HOUSE JAMIA NAGAR NEW DELHI 110025			
City: NEW DELHI	State: NEW DELHI	Pin Code: 110025	Phone No.: 9716001760
Duration of Stay: From (mm/yy) To (mm/yy) 09/2014 09/2014		Nature of location: <input checked="" type="checkbox"/> Rented <input type="checkbox"/> Own <input type="checkbox"/> Other (Specify)	
LANDMARK: NEAR SHAHAB MASJID			

## Address History:

Period Of Stay		Address	Landmark	Pincode	State	Country	Contact number
From MM-YY	To MM-YY						
04/1985	06/2009	MOH. GOVIND BAG NEAR WATER TANK. MIA. ROAD DISTT. BALRAMPUR	WATER TANK	271201	UP	INDIA	8960745407
07/2009	08/2012	NITIN BOYS HOSTEL VILL. BASHA, NEAR INTEGRAL PHARMACY, KURSI ROAD LUCKNOW	INTEGRAL UNIVERSITY (PHARMACY) DEPT	226026	UP	INDIA	8960745407
09/2012	08/2014	BARGADI, MAGATH, NEAR NUORI MASJID BAKHSI KA TALAB LUCKNOW	NUORI MASJID	227202	UP	INDIA	8960745407
09/2014	09 Till	HOUSE NO 41, MURADI ROAD, BATLA HOUSE JAMIA NAGAR NEW DELHI	SAHAB MASJID	110025	NEW DELHI	INDIA	9716001760

All details are compulsory

Strictly Private & Confidential

Mohd. Salim Siddiqui

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: BSc  DISCIPLINE: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Distance learning course	MLK PG COLLEGE BALRAM PUR	RML AWADH UNIVERSITY FAIZABAD	BSc (FULL TIME)	53.72	2003	2007	585815
POST GRADUATION							
DEGREE: MCA  DISCIPLINE: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Distance learning course	INTEGRAL UNIVERSITY KURSI ROAD LUCKNOW	INTEGRAL UNIVERSITY KURSI ROAD LUCKNOW	MCA (FULL TIME)	67.36	2009	2012	0900123009
ANY OTHER							

Pradeep Salim Siddiqui



## HCL TECHNOLOGIES LTD.

<b>EMPLOYMENT RECORD:</b> 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.				
<b>EMPLOYER 1:</b> INFRANIX TECHNOLOGIES PVT LTD		<b>Employee Id:</b> 176	<b>From (mm/yy):</b> 21 April 2012	<b>To (mm/yy):</b> 11 April - 2013
<b>Street Address:</b> 1st FLOOR, 7-SQUARE KHURRAM NAGAR, LUCKNOW		<b>Employer's Phone No.:</b> 0522-4081436		<b>Fax No.:</b>
<b>City:</b> LUCKNOW	<b>State:</b> UP	<b>Country:</b> INDIA	<b>Postal Code:</b> 226022	
<b>Job Title:</b> SOFTWARE DEVELOPER		<b>Reason for leaving:</b> CAREER GROWTH		
<b>Employment Status:</b> (Please check the relevant box) <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		<b>Supervisor's Details:</b>		
<b>Outsourcing Agency Details:</b> Name: Address: Tel No.:		<b>Name:</b> TAUSEEF AHMAD <b>Title:</b> TL <b>Phone No.:</b> 9616720693 <b>E-mail id:</b> Tauseef@infranix.com (Preferably official)		
<b>Description of Duties:</b> DEVELOPMENT, PROGRAMMING		<b>HR Manager's Details:</b>		
		<b>Name:</b> HAIDER <b>Phone No.:</b> 0522-4081436 <b>E-mail id:</b> hr@infranix.com (Preferably official)		

<b>EMPLOYER 2:</b> VEXIL INFOTECH PVT LTD		<b>Employee Id:</b> 160	<b>From (mm/yy):</b> 14 NOV 2013	<b>To (mm/yy):</b> 12 AUG 2014
<b>Street Address:</b> 09, MANGLAPURI, ISMAIL GANJ FAIZABAD ROAD, LUCKNOW		<b>Employer's Phone No.:</b> 0522-4060503		<b>Fax No.:</b>
<b>City:</b> LUCKNOW	<b>State:</b> UP	<b>Country:</b> INDIA	<b>Postal Code:</b> 226016	
<b>Job Title:</b> SOFTWARE DEVELOPER		<b>Reason for leaving:</b> CAREER GROWTH		
<b>Employment Status:</b> (Please check the relevant box) <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		<b>Supervisor's Details:</b>		
<b>Outsourcing Agency Details:</b> Name: Address: Tel No.:		<b>Name:</b> JOHNSON JOHN <b>Title:</b> TL <b>Phone No.:</b> 7897060960 <b>E-mail id:</b> Johnson@vexilinfotech.com (Preferably official)		
<b>Description of Duties:</b> DEVELOPMENT, PROGRAMMING		<b>HR Manager's Details:</b>		
		<b>Name:</b> RATI NIGAM <b>Phone No.:</b> 0522-4060503 <b>E-mail id:</b> ratinigam@vexilinfotech.com (Preferably official)		

All details are compulsory

Strictly Private & Confidential

Pradeep Sahin Saldiguri

**HCL TECHNOLOGIES LTD.****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: Mohd. Salim SiddiquiNAME (IN BLOCK LETTERS): MOHD. SALIM SIDDIQUIDATE: 26/09/2014*All details are compulsory**Strictly Private & Confidential*Mohd. Salim Siddiqui