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.

Please Affix Your Passport Size Photograph

| Personal Details | | | | | | |
|----------------------------|-------------------------|--------|---------------------|---------------------|--|--|
| Full Name of Applicant: | | | | | | |
| | | | | | | |
| HOL GAD G. 1. | | | | | | |
| HCL SAP Code: | | | | | | |
| HCL Official Email id: | | | | | | |
| Tree official Email id. | | | | | | |
| HCL Office Address: | | | | | | |
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| | | | | | | |
| Date of Birth (dd/mm/yy): | | | Place of Birth: | | | |
| Sex: | | | Nationality: | | | |
| | | | | | | |
| Father's Name: | | | Passport No.: | | | |
| Home Phone: | Office Phone: | | Mobile: | | | |
| | | | | | | |
| Residential Addresses | | | | | | |
| Permanent Address: | | | | | | |
| | | | | | | |
| City: | State: | Pir | n Code: | Phone No.: | | |
| Duration of Stave From (m) | m/yy) To (mm/yy) | | | | | |
| Duration of Stay: From (mi | п/уу) 10 (пшиуу) | Nature | of location: Rented | Own Other (Specify) | | |
| Landmark: | Landmark: | | | | | |
| | | | | | | |
| | | | | | | |

| Current Address: | | | | |
|--|--------|--|--------------------------|---------------------|
| City: | State: | | Pin Code: | Phone No.: |
| Duration of Stay: From (mm/yy) To (mm/yy) | | | ture of location: Rented | Own Other (Specify) |
| Landmark: | | | | |

Address History:

| Period Of Stay | | | | | | | |
|----------------|-----------|---------|----------|---------|-------|---------|----------------|
| From MM -YY | To MM -YY | Address | Landmark | Pincode | State | Country | Contact number |
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| Education Details | | | | | | | |
|--|------------|---|--|---------------------------------|----------------------------|------------------|---|
| | Name & | 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/ |
| Qualification | School/ to | | | | Year of enrolm ent (mm/yy) | Year Passed (| Registration Number/ Exam Seat Number |
| Graduation | | | | | | | |
| Degree: | | | | | | | |
| Discipline: | | | | | | | |
| ☐ Full Time ☐ Part time ☐ Distance learning | | | | | | | |
| course | | | | | | | |
| Post Graduation | | | | | | | |
| Degree: | | | | | | | |
| Discipline: | | | | | | | |
| ☐ Full Time ☐ Part time ☐ Distance learning course | | | | | | | |
| Any Other | | | | | | | |

| Employer It: | | Starting with your present or most re rear, state the name of the consulting ovided. | | | | | | |
|--|-------------------------------|--|-----------------------|------------------|-------------|--|--|--|
| City: State: Country: Postal Code: | EMPLOYER 1: | | Employee Id: | From (mm/yy): | To (mm/yy): | | | |
| Reason for leaving: | Street Address: | | | | Fax No.: | | | |
| Employment Status: (Please check the relevant box) Full Time | City: | State: | Country: | ry: Postal Code: | | | | |
| Full Time | Job Title: | | Reason for leaving: | | | | | |
| Title: | Employment Status: (Pla | ease check the relevant box) | Supervisor's Details: | : | | | | |
| Contract / Through Outsourcing Agency | Full Time | | Name: | | | | | |
| Phone No.: E-mail id: | | sourcing Agency | Title: | | | | | |
| Name: Address: Tel No.: Name: Phone No.: E-mail id: (Preferably official) EMPLOYER 2: Employee Id: From (mm/yy): Street Address: Employee Id: From (mm/yy): Fax No.: Phone No.: City: State: Country: Postal Code: Job Title: Reason for leaving: Employment Status: (Please check the relevant box) Full Time Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.: Name: HR Manager's Details: Reason for leaving: Supervisor's Details: Name: Phone No.: E-mail id: (Preferably official) HR Manager's Details: Name: Tel No.: | | 6 6 7 | Phone No.: | | | | | |
| Tel No.: Name | Name: | ails: | | | | | | |
| 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.: Phone No.: City: State: Country: Postal Code: Dob Title: Reason for leaving: Employment Status: (Please check the relevant box) Supervisor's Details: Name: Name: Title: Phone No.: Phone No.: Outsourcing Agency Details: E-mail id: (Preferably official) Name: HR Manager's Details: Tel No.: Name: | Address: | | | | | | | |
| E-mail id: (Preferably official) EMPLOYER 2: Employee Id: From (mm/yy): To (mm/yy): Street Address: Employer's Phone No.: Phone No.: Postal Code: Title: Page of Phone No.: Name: Phone No.: Phone No.: | | | Name: | | | | | |
| EMPLOYER 2: Employee Id: From (mm/yy): To (mm/yy): | Description of Duties: | | | | | | | |
| Street Address: Employer's Phone No.: Fax No.: | | | | | | | | |
| Street Address: Employer's Phone No.: Fax No.: | | | | | | | | |
| City: State: Country: Postal Code: Dob Title: Reason for leaving: Postal Code: | EMPLOYER 2: | | Employee Id: | From (mm/yy): | To (mm/yy): | | | |
| Job Title: Reason for leaving: Supervisor's Details: Name: Title: Phone No.: Outsourcing Agency Details: Name: Address: Tel No.: Reason for leaving: Supervisor's Details: Name: (Please check the relevant box) Supervisor's Details: Name: (Preferably official) HR Manager's Details: Name: | Street Address: | | | 1 * * | Fax No.: | | | |
| Employment Status: (Please check the relevant box) Full Time | City: | State: | Country: | Po | stal Code: | | | |
| Full Time Name: Title: Phone No.: Phone No.: Contract / Through Outsourcing Agency Details: E-mail id: (Preferably official) Address: HR Manager's Details: Tel No.: Name: | Job Title: | | Reason for leaving: | | | | | |
| Full Time Title: Phone No.: Phone No.: Phone No. | | | Supervisor's Details: | : | | | | |
| Contract /Through Outsourcing Agency Phone No.: Outsourcing Agency Details: Name: Address: Tel No.: Title: Phone No.: E-mail id: (Preferably official) HR Manager's Details: Name: | | | Name: | | | | | |
| Phone No.: Outsourcing Agency Details: Name: (Preferably official) Address: HR Manager's Details: Tel No.: Name: | | sourcing Agency | Title: | | | | | |
| Name: (Preferably official) Address: HR Manager's Details: Tel No.: Name: | | | Phone No.: | | | | | |
| Address: HR Manager's Details: Tel No.: Name: | | | | | | | | |
| Tel No.: Name: | 1 - 10 | | | •• | | | | |
| | | | | IIS: | | | | |
| | 1el No.: | | | | | | | |

| Description of Duties: | | E-mail id: | | | | |
|-------------------------------|------------------------------|----------------------------------|-----------------------|-------------|--|--|
| | | (Preferably official) | | | | |
| | | | | | | |
| EMPLOYER 3: | | Employee Id: | From (mm/yy): | To (mm/yy): | | |
| Street Address: | | | Employer's Phone No.: | Fax No.: | | |
| City: | State: | Country: | Pos | stal Code: | | |
| Job Title: | | Reason for leaving: | | | | |
| Employment Status: (Pla | ease check the relevant box) | Supervisor's Details: | | | | |
| ☐ Full Time | | Name: | | | | |
| Contract /Through Out | sourcing Agency | Title: | | | | |
| | oodi viii g i igano j | Phone No.: | | | | |
| Outsourcing Agency Deta | ails: | E-mail id: | | | | |
| Name: | | (Preferably official) | | | | |
| Address: | | HR Manager's Detail | ils: | | | |
| Tel No.: | | Name: | | | | |
| Description of Duties: | | Phone No.: | | | | |
| | | E-mail id: (Preferably official) | | | | |
| | | (1 rejerably official) | | | | |
| | | | | | | |
| EMPLOYER 4: | | Employee Id: | From (mm/yy): | To (mm/yy): | | |
| Street Address: | | | Employer's Phone No.: | Fax No.: | | |
| City: | State: | Country: | Pos | stal Code: | | |
| Job Title: | | Reason for leaving: | <u> </u> | | | |
| | | | | | | |
| Employment Status: (Pla | ease check the relevant box) | Supervisor's Details: | | | | |
| ☐ Full Time | | Name: | | | | |
| Contract /Through Outs | sourcing Agency | Title: | | | | |
| | | Phone No.: | | | | |
| Outsourcing Agency Details: | | E-mail id: | | | | |
| Name: | | (Preferably official) | | | | |
| Address: | | HR Manager's Details: | | | | |
| Tel No.: | | Name: | | | | |
| Description of Duties: | | Phone No.: | | | | |
| | | E-mail id: | | | | |
| | | (Preferably official) | | | | |
| EMPLOYER 5: | | Employee Id: | From (mm/yy): | To (mm/yy): | | |

| | | | HCL TECHN | IOLOGIES LTD. | |
|--|----------------------|----------------------------------|-----------------------|---------------|--|
| 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 | : | | |
| | | Name: | | | |
| ☐ Full Time ☐ Contract /Through | h Outsourcing Agency | Title: | | | |
| | , | Phone No.: | | | |
| Outsourcing Agency Details: Name: Address: Tel No.: Description of Duties: | | E-mail id: (Preferably official) | | | |
| | | HR Manager's Deta | ils: | | |
| | | Name: | | | |
| | | Phone No.: | | | |
| | | E-mail id: (Preferably official) | | | |

Professional References:

| Reference Name | Reference Mobile Number | Company name | Reference official number |
|----------------|-------------------------|--------------|---------------------------|
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| Information Release Authorization |
|-----------------------------------|

| 0 | 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. | | | | | |
|-------|---|--------------------------------|--|--|--|--|
| 0 | 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. | | | | | |
| 0 | 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. | | | | | |
| 0 | 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. | | | | | |
| 0 | I hereby release from liability all persons or entities requesting of | or supplying such information. | | | | |
| 0 | O I authorize HCL Technology Ltd. to contact my previous employer. Yes No | | | | | |
| 0 | o I have read, understand, and by my signature consent to these statements. | | | | | |
| Signa | ture: | D . | | | | |
| Name | (In Block Letters): | Date: | | | | |

Documents checklist

Application Form:

• Duly signed application form

Education Verification:

- Photocopy of degree certificate and all years / semesters marks sheets
- Photocopy of provisional degree certificate required for courses completed in the last 6 months from the current date

Employment Verification:

- Photocopy of relieving certificate, service certificate, latest salary slips & offer letter
- Resignation acceptance letter is required in case full & final settlement is pending with employer

Address Verification:

Address proof would be required (Copy of passport, driving license, utility bills, rental agreement or lease agreement)

Criminal verification:

- One photo id proof (Copy of passport, PAN card or voters ID)
- Address proof would be required (Copy of passport, driving license, utility bills, rental agreement or lease agreement)
- CID form (Demand draft of INR 100 mentioned in the form is not required)

Identity verification:

• Copy of valid passport and PAN card required