**APPLICATION FORM**

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***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.***

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| PERSONAL DETAILS | | |
| Full Name of Applicant: VALLURI SREEKANTH REDDY        HCL SAP Code: 51871494      HCL Official Email id: sreekanth.r@hcltech.com      HCL Office Address: HCL TECHNOLOGIES LTD,  Plot no. H-01B, Phoeinx Avance SEZ,   Gachibowli, Serilingampalle(M)   Hyderabad , TELANGANA 500081 | | |
| Date of Birth (dd/mm/yy): 07/06/88 | | Place of Birth: VEMPALLI |
| Sex: MALE | | Nationality: INDIAN |
| Father’s Name: V RAMI REDDY | | Passport No.: Y7396865 |
| Home Phone: | Office Phone: NA | Mobile: 6300365784 |

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| RESIDENTIAL ADDRESSES | | | | |
| **PERMANENT ADDRESS: 15/203 , VCN COLONY, PRODDATUR** | | | | |
| City: PRODDATUR | State: ANDHRAPRADESH | | Pin Code: 516360 | Phone No. 8639097008 |
| **Duration of Stay: From** (mm/yy) **To** (mm/yy)    01/2016 TillDate | | Nature of location: Rented Own Other (Specify) | | |

**LANDMARK: NEAR KESAVAREDDY SCHOOL**

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| **CURRENT ADDRESS: 4-32-1183, III-FLOOR BACK, ALLWYN COLONY PH2, KUKATPALLY** | | | | |
| City: HYDERABAD | State: TELANGANA | | Pin Code:500072 | Phone No.: 6300365784 |
| **Duration of Stay: From** (mm/yy) **To** (mm/yy)  04/2020 Till Date | | Nature of location: Rented Own Other (Specify)  Rented | | |
| **LANDMARK: NEAR LAST BUS STOP, ROAD NO. 28** | | | | |

**Address History:**

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| **Period of Stay**     |  |  | | --- | --- | | **From**  **MM-**  **YY** | **TO**  **MM-**  **YY** | | **Address** | **Landmark** | **Pin code** | **State** | **Country** | **Contact number** |
| 11-2019 to  TILL DATE | **4-32-1183, III-FLOOR BACK, ALLWYN COLONY PH2, KUKATPALLY** | Road no.28 | 500072 | Hyderabad | INDIA | 6300365784 |
| 09-2014 to  10-2019 | V Sreekanth Reddy, 403,  Fortune Residency,  Doddanagamangala, Ecity  , Bangalore 560100 | Near last bus stop | 560100 | Karnataka | INDIA | 6300365784 |
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| 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**  **ENROL**  **MENT**  (MM/YY) | **YEAR PASSED**  **(**MM/YY) |
| **GRADUATION** |  |  |  |  |  |  |  |
| **DEGREE:**      **DISCIPLINE:**    Full Time  Part time  Distance learning course |
| **POST**  **GRADUATION** |  |  |  |  |  |  |  |
| **DEGREE:**      **DISCIPLINE:**    Full Time  Part time  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:** | | **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)*    Full Time  Contract /Through Outsourcing Agency    ***Outsourcing Agency Details:***  Name:  Address:    Tel No.: | | **Supervisor’s** | **Details:** |  | | | |
| **Name:** | |  | | | |
| **Title:** | |  | | | |
| **Phone No.:** | |  | | | |
| **E-mail id:**  *(Preferably official)* | |  | | | |
| **HR Manager’s Details:** | | | | | |
| **Name:** | |  | | | |
| **Description of Duties:** | | **Phone No.:** | |  | | | |
| **E-mail id:**  *(Preferably official)* | |  | | | |

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| **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)*    Full Time  Contract /Through Outsourcing Agency    ***Outsourcing Agency Details:***  Name:  Address:    Tel No.: | | **Supervisor’s** | **Details:** |  | | | |
| **Name:** | |  | | | |
| **Title:** | |  | | | |
| **Phone No.:** | |  | | | |
| **E-mail id:**  *(Preferably official)* | |  | | | |
| **HR Manager’s Details:** | | | | | |
| **Name:** | |  | | | |
| **Description of Duties:** | | **Phone No.:** | |  | | | |
| **E-mail id:**  *(Preferably official)* | |  | | | |

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| **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:** *(Please check the relevant box)*    Full Time  Contract /Through Outsourcing Agency    ***Outsourcing Agency Details:***  Name:  Address:    Tel No.: | | **Supervisor’s** | **Details:** |  | | | |
| **Name:** | |  | | | |
| **Title:** | |  | | | |
| **Phone No.:** | |  | | | |
| **E-mail id:**  *(Preferably official)* | |  | | | |
| **HR Manager’s Details:** | | | | | |
| **Name:** | |  | | | |
| **Description of Duties:** | | **Phone No.:** | |  | | | |
| **E-mail id:**  *(Preferably official)* | |  | | | |

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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:** *(Please check the relevant box)*    Full Time  Contract /Through Outsourcing Agency    ***Outsourcing Agency Details:***  Name:  Address:    Tel No.: | | **Supervisor’s** | **Details:** |  | | | |
| **Name:** | |  | | | |
| **Title:** | |  | | | |
| **Phone No.:** | |  | | | |
| **E-mail id:**  *(Preferably official)* | |  | | | |
| **HR Manager’s Details:** | | | | | |
| **Name:** | |  | | | |
| **Description of Duties:** | | **Phone No.:** | |  | | | |
| **E-mail id:**  *(Preferably official)* | |  | | | |

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| **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)*    Full Time  Contract /Through Outsourcing Agency    ***Outsourcing Agency Details:***  Name:  Address:    Tel No.: | | **Supervisor’s** | **Details:** |  | | | |
| **Name:** | |  | | | |
| **Title:** | |  | | | |
| **Phone No.:** | |  | | | |
| **E-mail id:**  *(Preferably official)* | |  | | | |
| **HR Manager’s Details:** | | | | | |
| **Name:** | |  | | | |
| **Description of Duties:** | | **Phone No.:** | |  | | | |
| **E-mail id:**  *(Preferably official)* | |  | | | |

**Professional References:**

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| **Reference Name** | **Reference Mobile Number** | **Company name** | **Reference official number** |
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| 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): VALLURI SREEKANTH REDDY | DATE: 22-JANUARY-2025 |

**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