

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.

Please Affix Your
Passport Size
Photograph

All details are compulsory.

PERSONAL DETAILS

Full Name of Applicant:

HCL SAP Code:

HCL Official Email id:

HCL Office Address:

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:

Pin Code:

Phone No.:

Duration of Stay: From (mm/yy) To (mm/yy)

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

LANDMARK:

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CURRENT ADDRESS:			
City:	State:	Pin Code:	Phone No.:
Duration of Stay: From (mm/yy) To (mm/yy)		Nature of location: <input type="checkbox"/> Rented <input type="checkbox"/> Own <input type="checkbox"/> Other (Specify)	
LANDMARK:			

Address History:

Period of Stay		Address	Landmark	Pin code	State	Country	Contact number
From MM- YY	TO MM- YY						

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 <small>(MORNING/ EVENING/ CORRESPONDENCE)</small>	MARKS (%) CGPA & CLASS	DATES ATTENDED		ROLL NUMBER/ REGISTRATION NUMBER/ EXAM SEAT NUMBER
					YEAR OF ENROLMENT <small>(MM/YY)</small>	YEAR PASSED <small>(MM/YY)</small>	
GRADUATION							
DEGREE: DISCIPLINE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Distance learning course							
POST GRADUATION							
DEGREE: DISCIPLINE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> 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: <i>(Please check the relevant box)</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency <i>Outsourcing Agency Details:</i> Name: Address: Tel No.:		Supervisor’s Details:		
		Name:		
		Title:		
		Phone No.:		
		E-mail id: <i>(Preferably official)</i>		
		HR Manager’s Details:		
		Name:		
Description of Duties:		Phone No.:		
		E-mail id: <i>(Preferably official)</i>		

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: <i>(Please check the relevant box)</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency <i>Outsourcing Agency Details:</i> Name: Address: Tel No.:		Supervisor’s Details:		
		Name:		
		Title:		
		Phone No.:		
		E-mail id: <i>(Preferably official)</i>		
		HR Manager’s Details:		
		Name:		
Description of Duties:		Phone No.:		
		E-mail id: <i>(Preferably official)</i>		

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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: <i>(Please check the relevant box)</i>		Supervisor's Details:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Name:		
		Title:		
		Phone No.:		
		E-mail id: <i>(Preferably official)</i>		
		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 <input type="checkbox"/> Contract /Through Outsourcing Agency Outsourcing Agency Details: Name: Address: Tel No.:		Name:		
		Title:		
		Phone No.:		
		E-mail id: <i>(Preferably official)</i>		
		HR Manager's Details:		
Description of Duties:		Name:		
		Phone No.:		
		E-mail id: <i>(Preferably official)</i>		

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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: <i>(Please check the relevant box)</i> <input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency <i>Outsourcing Agency Details:</i> Name: Address: Tel No.:		Supervisor's Details:		
		Name:		
		Title:		
		Phone No.:		
		E-mail id: <i>(Preferably official)</i>		
		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

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):****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