

HCL TECHNOLOGIES LTD.

GM 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: CHIRALA SUWATHI REDDY

HCL SAP Code: 51894793

HCL Official Email id: chirala.suwathireddy@hcl.com

HCL Office Address: Chennai SEZ-ELCOT, Sholinganallur - SDB5

Date of Birth (dd/mm/yy): 18/09/98	Place of Birth: Hyderabad
Sex: Female	Nationality: Indian
Father's Name: chirala Narasimha Reddy	Passport No.: NA
Home Phone: 6303950437	Office Phone: 6303950437
	Mobile: 6303950437

RESIDENTIAL ADDRESSES

PERMANENT ADDRESS: HNO - 1-10-11219/96, Reddy Colony, Chakri Puram,
Hyderabad.

City: Hyderabad State: Telangana Pin Code: 500062 Phone No: 6303950437

Duration of Stay: From (mm/yy) To (mm/yy)
11/10 11/20 Nature of location: Rented Own Other

LANDMARK: BIRYANI ZONE, CHAKRIPURAM

All details are compulsory

Strictly Private & Confidential

HCL TECHNOLOGIES LTD.

CURRENT ADDRESS:		H.NO :- 1-10-11219196, Reddy Colony, chakriputram, Hyderabad.				
City: Hyderabad	State: Telangana	Pin Code: 500062	Phone No.: 6308950457			
Duration of Stay: From (mm/yy) To (mm/yy)		Nature of location: <input type="checkbox"/> Rented <input checked="" type="checkbox"/> Own <input type="checkbox"/> Other (Specify)				
LANDMARK: BIRYANI ZONE						

Address History:

Period Of Stay		Address	Landmark	Pincode	State	Country	Contact number
From MM-YY	To MM-YY						
09/098	11/10	Vasantha Vihar Colony, Moulali, Hyderabad	Ambedkar Statue	500039	Telangana	India	6308950457
11/10	16/10	HNO -1-10-11219196, Reddy Present Colony, chakriputram, Hyd	Biryani Zone	500062	Telangana	India	6308950457

HCL TECHNOLOGIES LTD.

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: BTech DISCIPLINE: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Distance learning course	Geethayal College of Engineering Technology	JNTUH	Computer Science and Engineering	8.47.	06/16	09/20	16R11A05A2
POST GRADUATION							
DEGREE: DISCIPLINE: <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Distance learning course							
ANY OTHER							

All details are compulsory

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

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

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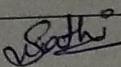
EMPLOYER'S:		Employee Id:	From (mm/yy):	To (mm/yy):
Street Address:			Employer's Phone No.: Fax No.:	
City:	State:	Country:	Postal Code:	
Job Title:		Reason for leaving:		
Employment Status: (Please check the relevant box)		Supervisor's Details: Name: Title: Phone No.: E-mail id: <small>(Preferably official)</small>		
<input type="checkbox"/> Full Time <input type="checkbox"/> Contract /Through Outsourcing Agency		HR Manager's Details: Name: Phone No.: E-mail id: <small>(Preferably official)</small>		
Outsourcing Agency Details: Name: Address: Tel No.:				
Description of Duties:				

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): CHIRALA SWOATHI REDDY

DATE: 16/04/2021

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