

Passport No. U6595655	PAN No. AAJPF5153A	SSN No. If any (Mandatory if studied in USA or Canada)
-----------------------	--------------------	--

Address History (List most recent first) - Please provide addresses for the last 7 years

Period of Stay (MM/YYYY)	Complete Address along with Landmark	Country	Zip code	Contact Number with Relation ship
04/2014 - PRESENT	No 11/29 Santacruz, 18 th Cross 20 th Main 5 th Phase JP Nagar Bangalore	India	560078	9448547126 - Self

Family Information (Parents, Brothers, Sisters, Spouse & Children)

S.No	Name	Relationship	Date of Birth	Age
1	BENNY FERNANDES	MOTHER	26/06/1947	75
2	SIFALI H. S.	WIFE	24/10/1975	47
3	SUZANE FERNANDES	DAUGHTER	03/11/2002	20
4	SHAUN FERNANDES	SON	06/09/2007	15
5				

EDUCATION INFORMATION									
Degree	Course	Program (full-time/Part-time)	Elective	College Name and Address	University Name and Address	Duration		%	Graduation Date (MM/YY)
X	10 TH Std	Full time		St Joseph's School Karwar	Karnataka state Education Board	01/06/87	31/03/88	65	Apr/1988
XII	12 th Std	Full time		Dr Baliga College of Arts & Science Kumta	Karnataka PreUniversity Education Board	01/06/89	31/03/90	65	Apr/1990
Graduation	B.E.	Full time		Dr Ambedkar Institute of Technology Bangalore	Bangalore University	01/08/90	31/07/94	59.47	Aug/1994
PG									
Others 1									

Details of Previous Employers (Starting from your Current Job, covering up to Last 5 Years of employments) Please attach a copy of <u>your relieving letter/service certificate</u> for this		
Company Name (1): CGI		Last Designation held: Associate Consultant
Address (main office and branch where worked): DivyaSree Technopolis, Off HAL Airport Road, Yemalur, Bangalore		Telephone: 080 4194 0000
Employment Period: (date, month, year) 02/02/2007 to PRESENT (15 years 10 months)	Employee Code/ Personnel No: LPS00163455	Name of Reporting Manager: Sivaprakasam, Rajesh
Name of HR: puspanjali.das@cgi.com	Contact No. of HR: 09845314604	Email Id of HR: puspanjali.das@cgi.com
Designation & Department of Reporting Manager Manager Consulting Delivery - Energy & Utilities	Contact No of Reporting Manager: 9620093933	Email ID of Reporting Manager: rajesh.sivaprakasam@cgi.com
Name of Alternative Reporting Manager	Contact No of Alternative Reporting Manager:	
Designation & Department of Alternative Reporting Manager	Email ID of Alternative Reporting Manager:	
Whether employment is of permanent or temporary nature - Permanent		
Agency Details (if temporary or contractual)		
Remunerations (CTC pa) 24.5 LPA	Reason(s) for Leaving: Better Career Prospects	

Details of Previous Employers (Starting from your Current Job, covering up to Last 5 Years of employments)		
Please attach a copy of <u>your relieving letter/service certificate</u> for this		
Company Name (2): Wisor Telecom		Last Designation held: Senior Software Engineer
Address (main office and branch where worked): Royal Arcade, 3 rd Floor 80 feet Road, Koramangala Bangalore		Telephone: 080-25525821
Employment Period: (date, month, year) From 08/03/2004 To 01/02/2007	Employee Code/ Personnel No: 109	Name of Reporting Manager Vinod Raman
Name of HR: Aruna Kaul	Contact No. of HR: 080-25525821	Email Id of HR:
Designation & Department of Reporting Manager Technical Director	Contact No of Reporting Manager: 080-25525821	Email ID of Reporting Manager:
Name of Alternative Reporting Manager	Contact No of Alternative Reporting Manager:	
Designation & Department of Alternative Reporting Manager	Email ID of Alternative Reporting Manager:	
Whether employment is of permanent or temporary nature - Permanent		
Agency Details (if temporary or contractual)		
Remunerations (CTC pa) : 5.5 LPA	Reason(s) for Leaving : Better Career prospects	

Details of Previous Employers (Starting from your Current Job, covering up to Last 5 Years of employments)		
Please attach a copy of <u>your relieving letter/service certificate</u> for this		
Company Name (3) :		Last Designation held:
Address (main office and branch where worked):		Telephone:
Employment Period: (date, month, year) From To	Employee Code/ Personnel No:	Name of Reporting Manager

Name of HR:	Contact No. of HR:	Email Id of HR:
Designation & Department of Reporting Manager	Contact No of Reporting Manager:	Email ID of Reporting Manager:
Name of Alternative Reporting Manager	Contact No of Alternative Reporting Manager:	
Designation & Department of Alternative Reporting Manager	Email ID of Alternative Reporting Manager:	
Whether employment is of permanent or temporary nature - <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
Agency Details (if temporary or contractual)		
Remunerations (CTC pa)	Reason(s) for Leaving	

Details of Previous Employers (Starting from your Current Job, covering up to Last 5 Years of employments) Please attach a copy of <u>your relieving letter/service certificate</u> for this		
Company Name (4) :		Last Designation held:
Address (main office and branch where worked):		Telephone:
Employment Period: (date, month, year) From To	Employee Code/ Personnel No:	Name of Reporting Manager
Name of HR:	Contact No. of HR:	Email Id of HR:
Designation & Department of Reporting Manager	Contact No of Reporting Manager:	Email ID of Reporting Manager:
Name of Alternative Reporting Manager	Contact No of Alternative Reporting Manager:	
Designation & Department of Alternative Reporting Manager	Email ID of Alternative Reporting Manager:	
Whether employment is of permanent or temporary nature - <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		

Details of Previous Employers (Starting from your Current Job, covering up to Last 5 Years of employments)					
Please attach a copy of <u>your relieving letter/service certificate</u> for this					
Company Name (5) :			Last Designation held:		
Address (main office and branch where worked):			Telephone:		
Employment Period: (date, month, year) From _____ To _____		Employee Code/ Personnel No:		Name of Reporting Manager	
Name of HR:		Contact No. of HR:		Email Id of HR:	
Designation & Department of Reporting Manager		Contact No of Reporting Manager:		Email ID of Reporting Manager:	
Name of Alternative Reporting Manager		Contact No of Alternative Reporting Manager:			
Designation & Department of Alternative Reporting Manager		Email ID of Alternative Reporting Manager:			
Whether employment is of permanent or temporary nature - <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary					
Agency Details (if temporary or contractual)					
Remunerations (CTC pa)			Reason(s) for Leaving		

<p>Details of Previous Employers (Starting from your Current Job, covering up to Last 5 Years of employments)</p> <p>Please attach a copy of <u>your relieving letter/service certificate</u> for this</p>	
Company Name (6) :	Last Designation held:
Address (main office and branch where worked):	Telephone:

Please attach a copy of your relieving letter/service certificate for this

Company Name (7) :		Last Designation held:	
Address (main office and branch where worked):		Telephone:	
Employment Period: (date, month, year) From To	Employee Code/ Personnel No:	Name of Reporting Manager	
Name of HR:	Contact No. of HR:	Email Id of HR:	
Designation & Department of Reporting Manager	Contact No of Reporting Manager:	Email ID of Reporting Manager:	

Virtusa Ver: 1.8		<div> <div>Page 8 of 11</div> <div>HR Dept. - FORMS -Application Blank.</div> </div>

3. Please declare whether there is any gap between education or employments?

(Please tick) No.

If Yes, Please declare the details of your residence address for any/and all gaps between education or employment during your tenure.

From	To	Reason:	Complete Address and Location
From	To	Reason:	Complete Address and Location
From	To	Reason:	Complete Address and Location

REFEREES - Please give two references of which one should necessarily be from your Present Work Place.

Name & Designation	Current Company	Official Mail ID	Contact Details	No of Mths / Yrs Of Acquaintance
Sitakant Patnaik - Lead Analyst	CGI	sitakanta.patnaik@cgi.com	6362506580	2 years
Rayalu Krupal - Consultant	Wipro	rayala.krupaludu@wipro.com	9866652127	3 years

4. Please declare whether you have directorship in any company?

(Please tick) No.

If Yes, please provide the details. (*) Fields are mandatory

Directorship Details (If applicable)		
*Company Name		
Company Status	<input type="checkbox"/> Company/Operation Closed <input type="checkbox"/> Functional <input type="checkbox"/> Re-Located <input type="checkbox"/> Merged with _____	
Company also Known as		
*Complete Company Address with Landmark (Where Candidate has worked)		
*Company Contact Number		
*City		*State
*Date of Joining (DD/MMM/YY)		
*Date of Exit (DD/MMM/YY)		
Reason for Leaving		
DIN Number		
*Documents Submitted		

Declaration and Authorization

I understand that any employment by Virtusa India Private Limited or its affiliated companies is conditioned upon positive responses from my references, bonding eligibility, continued adherence to Virtusa India Private Limited policies and procedures, applicable rules and regulations and job performance satisfactory at all times to Virtusa India Private Limited.

I consent to take any pre or post-employment examinations as may be required by Virtusa India Private Limited or its permitted agents, its representative, and release Virtusa India Private Limited and its agents from any liability that may arise from such examination.

I authorize an inquiry to be made on the information contained on this application. Former employers and officials of education institutes, named on this application are authorized to give information about me and I release them from all liability for issuing such information.

I hereby attest and warrant that all my answers on this application as well as on all forms completed in conjunction with my employment are true and accurate. I understand that my misrepresentation of facts, failure to disclose information required on this application or material change in my information provided which is not reported to Human Resources shall be cause for dismissal regardless of when discovered by Virtusa India Private Limited

I understand, and authorize, that Virtusa may share my consumer report and/or investigative report with third parties including auditors, government agencies, and clients as necessary.

I hereby declare that the information given by me is true and the certificates or documents submitted are genuine to the best of my knowledge.

Signed:



Name in Block Capitals: STEVEN MARCEL FERNANDES

Date: 28/10/2022