Employment Application Form (EAF)

(Intended use - For employment in India only)

Date: 26/04/2017	Position applied for:	Analyst	Position Code:	70172
		Control of the Contro	i osition code.	The state of the s

Thank you for your interest in exploring opportunities with IGATE ("Company") (IGATE is now part of Capgemini). This form is intended to record important information about you and will be helpful in understanding your candidature better. Additional use of information captured in this form is mentioned below.

Please TYPE or PRINT (in capitals) details clearly and provide accurate information. Do fill in all the fields in this form in BLUE ink only

Please NOTE: All documents submitted by you to the Company (including this form) with reference to your exploring opportunities with Company, are subject to verification by the Company or an agency appointed by the Company at any time during or prior to your employment with Company. You hereby specifically authorize the Company or any external agency appointed by the Company to verify your educational and employment antecedents, your conduct and conduct any other back ground checks(like Credit Report Check, Drug test, Criminal Check as applicable) prior to your joining the Company or thereafter. You are expected to extend your full cooperation during such verification. Your application for employment / employment with the company is subject to you clearing the background check as conducted by the Company or any third party agency on behalf of the Company.

First Middle Last/Sur Marital status: Single Married Contact Information: Gender: Male Female Mobile: 8722/50/1/2 Landl Date of birth (dd/mm/yy): 11/04/2994	HAPATI
First Middle Last/Sur Marital status: Single Married Contact Information: Gender: Male Female Mobile: 8722/50/142 Landle Date of birth (dd/mm/yy): 11/04/2994	HAPATI
Marital status: Single Married Contact Information: Gender: Male Female Date of birth (dd/mm/yy): 11/04/2994 Contact Information: Mobile: 8722/50/142 Landle	That is
Place of birth: WEST BENGAL Blood group: A +	line: ail ID: Chitra hiremath 567@ gm
lave you applied to IGATE before: Yes / No If YES when (Month / Year)? 08 2016 Are you related to anyone currently working at IGATE (Yes / No)? YES	

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How did you come to know at Employee Referral (Specify en	nout this opportunity with IGATE? Inployee name & Department): KAVITA-B & Statoil	CPROJECTNAME)
Job Portal (Portal Name):		
	ne):	
	7.0	
Job Information		
Current / Last drawn Compens Expected Compensation: Notice Period (in days):	es / No)	
Details of Address (Field	Complete Address- (Detailed) – Pease mention Nearest Police Station in each area of Residence	From:(mm/yy) To:(mm/yy)
Permanent Address (Specify landmark)	DIO SHIVAYYA. B. MATHAPATI NEAR JAMBHUNATH TEMPE, D.T. ROAD, BADAMI, D: BAGALKOT PIN: 587201	Start Date: 08 2016 End date:
Current Address (Specify landmark)	CHITRA. S. HIREMATH AND PG, 12th MAIN, OPPOSITE TO WATER TANK, BTM WATER TANK, BANGLORE	Start Date: 01/2017 End date:
Previous Address (Longest Stay in past 5 years) (Specify landmark)	DIO SHIVAYYA. B. MATHAPATI VIDYA NAGAR, 3RP CROSS, NEAR KALIKA TEMPLE, BADAMI, D: BAGALKOT PIN: 587201	Start Date: 04 2010 End date: 08 2016

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Educational Qualifications

Post Graduation		
College Name:	C 4	
University Name:		
Program: Full Time Part Time Distant Education		Period: (month / year) (Start & End Date)
Type of degree:		Graduation date (month / year):
Subject:		Aggregate % / Score:
		If graduation not completed- give reasons:
Graduation		
College Name:	GOVT. ENGIN	EERING COLLEGE, RAICHUR
University Name:	UTU, BELGI	AUM
Program: Full Time Part Time Distant Education		Period: (month / year) (Start & End Date) Og 12 to 06/16
Type of degree: B. E. Subject: C.S.		Graduation date (month / year): 06 2016 Aggregate % / Score: 69-92 */。 If graduation not completed- give reasons:
Diploma		
Institute Name:		
University Name:		
Program: Full Time Part Time Distant Education		Period: (month / year) (Start & End Date)to

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	e: Graduation date (month / year):					
Subject:	t:					
			Aggregate % / Score: If graduation not completed- give reasons:			
Other degrees (if any)						
Institute Name:		A *	(b) (=)			
University Name:		· c				
Program: Full Time Part Time Distant Education		Period: (month / year) (Start & End Date)				
Type of degree:		Graduation date (mon	th / year):			
Subject:						
Subject.		Aggregate % / Score: If graduation not completed- give reasons:				
Schooling details	N	ame of School		Graduation year	Percentage	
10th S.B.R.S, KARKALA, MANGALORE				2010	7.4	
12th JSS COLLEGE, DHARWAD				2012	60-1	
Petails specialized in comp	oany/ externa	al Training programs a	ttended	Date of c	omplet <mark>i</mark> on	
SOFTWARE TESTING, OSPIDERS.		PS, BANGALORE	_\	11/11/2016		
	*		2			
etails of skills possessed				-		
List skills	Duration of Experience (in mon					
Software skills:	, C++, JA	VA, SOFTWARE TES	TING			
Hardware skills:		W-1/40				
Functional / Domain skills:	. 11					
The state of the s						
Written / Spoken Languages:					**	
	se specify Va	lid Visa/ Work permits I	neld (if any)			
		lid Visa/ Work permits I	neld (if any)	Valid till		
Written / Spoken Languages: Immigration Status - Plea Visa Type/ Work perm			neld (if any)	Valid till		

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Employment History

Details of Current Employer

у
Position Held: Department :
Telephone:
Annual Compensation (specify Variable components if any)
Compensation since: (mm/yy)
Can a reference be taken now? Yes / No. If no, State reasons

Previous Employment details

Were you a Permanent employee or a Contract employee: Please sp	pecify
Employing Company Name:	Position Held: Department :
Complete Address	Telephone:
Employment Period: (month/ year)	Annual Compensation (specify Variable components if any)
From:To	
Employee Code: (If not applicable, why?)	Compensation since: (mm/yy)
Reason(s) for Leaving:	
Role/Responsibilities:	
and the second s	
HR representative's name Contact details:	Can a reference be taken now? Yes / No. If no, State reasons



Previous Er	nploym	nent d	etails
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Were you a Permanent employee or a Contract employee: Please sp	pecify
Employing Company Name	Position Held: Department:
Complete Address:	Telephone:
Employment Period: (month/ year)	Annual Compensation (specify Variable components in any)
From:To	
Employee Code: (If not applicable, why?)	Compensation since: (mm/yy)
Reason(s) for Leaving:	
Role/Responsibilities:	
HR representative's name	Can a reference be taken now? Yes / No.
Contact details:	If no, State reasons

Previous Employment details

Were you a Permanent employee or a Contract employee: Please spe	ecify
Employing Company Name	Position Held: Department :
Complete Address:	Telephone:
Employment Period: (month/ year)	Annual Compensation (specify Variable components is any)
Employee Code: (If not applicable, why?)	Compensation since: (mm/yy)
Reason(s) for Leaving:	
Role/Responsibilities:	
HR representative's name Contact details:	Can a reference be taken now? Yes / No. If no, State reasons

GAP/s in Employment / Education (wherever applicable): Please mention reason for gap between your Education and / or Employment.

Gap From / To (mm / yyyy)	Type of Gap (Specify Employment or Education)	Reason for Gap
		S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

Reference Check:

Please provide contact information of three Individuals who have been Supervisors / Academician to you and know your professional / educational background and may be able to comment on your professional career and achievement. We undertake not to contact your present employer until your consent is gained. (Personal acquaintance cannot be mentioned as references)

8 - 1	mentioned data energy	
Name & Position Held: POORNIMA. B PROFESSOR	Name & Position Held: NAGARAJ. B PROFESSOR & HOD	Name & Position Held: SIDDALINGESH SAP CONSULTANT
Company Name / GOVT. ENGG. Education Institution: COLLEGE, RAICHUR	Company Name / GOVT. ENGG. Education Institution: COLLEGE, RAICHUR	Company Name / INFOSYS LTD. Education Institution:
Email ID: poornima poojat@ gmail .com	Email ID: nagaraj bpats 11974@	Email ID: Siddalingesh. h@infosys.c
Mobile number: 9742080852	Mobile number: 9448214047	Mobile number: 9176378313
How do you know this person? PROFESSOR	How do you know this person? PROFESSOR	How do you know this person? FAMILY FRIEND

Any additional information:

I certify that the information given in support of my Employment Application/Detail Form is true to the best of my knowledge. If the information given above is found to be false, I am liable to be terminated from service of the Company, without any notice or compensation and/or my offer of appointment may be withdrawn without any liability to IGATE.

Date: _	26/04/2017	<u></u>	18	Signature:	Elute.	
					*/	_

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	Document check list to be submitted for Background Check (BGC)					
#	All documents listed below are MANDATORY	Yes	No			
а	Updated Resume Copy					
b	Employment Application Form (EAF) – All pages completed	~				
C	Authorization Letter to be signed					
d	One (1) passport size color photograph (Could be scanned and emailed)					

Do	cuments required for Identity verification (Any one (1) of the following documents)	Yes	No
a	Passport (First two, last two & all stamped pages)		
b	PAN Card		
c	Driver's License	H	
d	Aadhaar Card		
e	Election ID		
Do	cuments required for Education verification (All documents listed below)	Yes	No
a	Master's degree or Provisional Master's Degree Certificate (where applicable)		
Ь	Master's degree marks sheets / transcripts for all years (where applicable)		
C	Bachelor's degree or Provisional Bachelor's Degree Certificate	1	
d	Bachelor's degree marks sheets / transcripts for all years		
e	12 th Standard mark sheet / transcript		
f	10 th Standard mark sheet / transcript		
Do	cuments required for Employment verification	Yes	No
a	Relieving and Experience letter (all previous employers)		
b	Acceptance of Resignation letter or email (from current employer)	1 3	
c	Last 3-months pay slip		
d	Any one (1) of the following: Current employer issued Offer Letter Last increment letter		

IMPORTANT GUIDELINES

- 1. Candidate must carry / bring 'Original Copy' of the above documents on day of Joining.
- 2. All photocopies (where applicable) must be on A4 size paper
- 3. Above documents if sending scanned copies to be saved as PDF files and sent.
- 4. Scanned documents must be clear, not speckled and contents need to be 100% legible.

I hereby confirm having submitted the above listed documents.

Name : CHITRA S

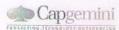
Signature: Hlutur

Date : 26/04/2017

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Letter of Authorization

(To be manually signed)

To whomsoever it may concern

L CHITRA. S. HIREMATH	s/o/d/o/w/o	SHIVAYYA. B.M	resident of
BADAMI, BAGALKOT, KARNATAKA		ndersigned, understand that IGAT	The state of the s
subsidiaries, (hereinafter "IGATE Global Solutions Ltd	" (IGATE is no	w part of Capgemini)the expre	ssion which unless
repugnant to the context shall mean and include its a	ffiliates, succes	sors and permitted assigns) may	use and/or assign
outside agency(ies) to verify and validate the information	ion I have pro	vided including but not limited t	o my previous and
current employment details, my personal background, o	riminal convict	ion records, professional standing	g, work history and
both school and professional qualifications, personal refe			

I understand that agency(ies), as may be assigned from time to time by IGATE Global Solutions Ltd may obtain as it may deem appropriate from various sources, the said Information without any further notice to me.

I hereby authorize, without reservation, any individual, corporation and/or other private or public entity to furnish IGATE Global Solutions Ltd, its client(s) and the outside background agency the said Information.

I unconditionally agree to defend, release, indemnify and hold harmless any individual, corporation, or private or public entity from any and all causes of action that might arise from furnishing said Information to IGATE Global Solutions Ltd and/or in turn to any client of IGATE Global Solutions Ltd and the outside agency(ies) and/or IGATE Global Solutions Ltd and/or any client of IGATE Global Solutions Ltd that they may request, pursuant to release of this Letter of Authorization.

I also understand that by issuing this Letter of Authorization, I am merely providing necessary support to IGATE Global Solutions Ltd and/or IGATE Global Solutions Ltd's client(s) to verify the said Information and under no circumstance(s) would my giving this Letter of Authorization, entitle me to an offer or continuance of employment/assignment with IGATE Global Solutions Ltd and/or its clients.

This Letter of Authorization and release, in original, faxed or photocopied form, shall be valid for this and any future reports and updates that may be requested.

Signed:

Name in Block Capitals:

CHITRA. S

Date of Birth (dd/mm/yy): 1104|1444

Date:

26/04/2017

Note: The above Authorization Form to be manually signed by the applicant Version-3.1

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