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:	Full Name of Applicant: VADDADI DHANYALA PRASANNA KUMAR					
HCL SAP Code: 52150497						
HCL Official Email id: vaddad	idhanya.kumar@hcl.com					
HCL Office Address: HCL Tec Pin code- 600119	hnologies, ELCOT SEZ, Sł	nollinga	nallur, Chennai, Tamilna	adu,		
Date of Birth (dd/mm/yy): 03/0	6/2001		Place of Birth: Kambak	aya		
Sex: Male			Nationality: indian			
Father's Name: Parasuram			Passport No.: W2907264			
Home Phone:	Office Phone:		Mobile:9640886449			
RESIDENTIAL ADDRESSES						
PERMANENT ADDRESS: Kambakaya(village), NarasannaPeta(Mandal)						
City: Srikakulam	State: Andhra Pradesh	Pin	Code:532421	Phone No.:9640886449		
Duration of Stay: From (mm/yy) :06/2001 To (mm/yy) :06/2023 Nature of location: ☐ Rented ☐ Own ☐ Other (Specify)						
LANDMARK: NEAR AMMAVARI TEMPLE, BESIDE CHURCH						

			•••		
CURRENT ADDRESS: Kambakaya (village), NarasannaPeta(Mandal)					
City: Srikakulam	State: Andhra Pradesh		Pin Code:532421	Phone No.:9640886449	
Duration of Stay: From (mm/yy) : 06/2001 To (mm/yy):06/2023			ture of location: ☐ Rented 🗵	Own Other (Specify)	
LANDMARK: Near Ammavari Temple,	Beside Church	•			

Address History:

Period (Of Stay						
From MM -YY	To MM -YY	Address	Landmark	Pincode	State	Country	Contact number

EDUCATION DETAILS							
	Name &	NAME & ADDRESS OF		1. (0.1)	DATES ATTENDED		D V /
QUALIFICATION	Address Of School / College/ Institute	BOARD / UNIVERSITY TO WHICH THE SCHOOL / COLLEGE / INSTITUTE IS AFFILIATED TO	COURSE ATTENDED (MORNING/ EVENING/ CORRESPONDENCE)	MARKS (%) CGPA & CLASS	YEAR OF ENROL MENT (MM/YY)	YEAR PASSED (MM/YY)	ROLL NUMBER/ REGISTRATION NUMBER/ EXAM SEAT NUMBER
GRADUATION							
DEGREE:	Aditya		B.TECH (Electrical &Electroni	7.95/CCDA)			
DISCIPLINE:	institute of technology	Jawaharlal Nehru technological	cs	7.85(CGPA) &First class	07/2019	07/2022	19A55A0258
	and management, Tekkali	university Kakinada	engineering)	with distinction	07/2019	01/2022	13110230
course							
POST GRADUATION							
DEGREE:							
DISCIPLINE:							
☐ Full Time ☐ Part time ☐ Distance learning course							
ANY OTHER							

	RD: Starting with your present or mo r "Employer", state the name of the nust be provided.			
EMPLOYER 1:	-	Employee Id:	From (mm/yy):	To (mm/yy):
Street Address:			Employer's Phone No.:	Fax No.:
City:	State:	Country:	Pe	ostal Code:
Job Title:	I	Reason for leaving:		
Employment Status: (Pi	lease check the relevant box)	Supervisor's Details	:	
☐ Full Time		Name:		
Contract /Through Ou	tsourcing Agency	Title:		
•		Phone No.:		
Outsourcing Agency Det	ails:	E-mail id:		
Name: Address:		(Preferably official)		
		HR Manager's Deta	ils:	
Tel No.:		Name:		
Description of Duties:		Phone No.:		
		E-mail id: (Preferably official)		
EMPLOYER 2: Street Address:		Employee Id:	From (mm/yy): Employer's	To (mm/yy): Fax No.:
Succi Address.			Phone No.:	Tax No
City:	State:	Country:	Pe	ostal Code:
Job Title:	1	Reason for leaving:		
Employment Status: (Pi	lease check the relevant box)	Supervisor's Details	:	
☐ Full Time		Name:		
Contract /Through Ou	tsourcing Agency	Title:		
•		Phone No.:		
Outsourcing Agency Det Name:	ails:	E-mail id:		
Address:		(Preferably official)	.,	
Tel No.:		HR Manager's Deta	ils:	
Description of Duties:		Name:		
Description of Duties:		Phone No.:		
		E-mail id: (Preferably official)		
		(1 rejeraviy ojjiciai)		

EMPLOYER 3:		Employee Id:	From (mm/yy	y):	To (mm/yy):
Street Address:			Employer's Phone No.:		Fax No.:
City:	State:	Country:		Postal	Code:
Job Title:		Reason for leaving:	I		
Employment Status: (Pl	ease check the relevant box)	Supervisor's Details	:		
☐ Full Time		Name:			
Contract /Through Ou	tsourcing Agency	Title:			
		Phone No.:			
Outsourcing Agency Det	ails:	E-mail id:			
Name: Address:		(Preferably official)			
		HR Manager's Deta	nils:		
Tel No.:		Name:			
Description of Duties:		Phone No.:			
		E-mail id: (Preferably official)			
EMPLOYER 4:		Employee Id:	From (mm/yy	y):	To (mm/yy):
Street Address:			Employer's Phone No.:		Fax No.:
City:	State:	Country:		Postal	Code:
Job Title:		Reason for leaving:	I		
Employment Status: (Pl	ease check the relevant box)	Supervisor's Details	:		
☐ Full Time		Name:			
Contract /Through Ou	tsourcing Agency	Title:			
		Phone No.:			
Outsourcing Agency Details:		E-mail id:			
Name: Address:		(Preferably official)			
		HR Manager's Deta	nils:		
Tel No.:		Name:			
Description of Duties:		Phone No.:			
		E-mail id: (Preferably official)			

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)		Supervisor's Details:				
│ │		Name:				
Contract /Through Outsourcing Agency		Title:				
		Phone No.:				
Outsourcing Agency Deta	ails:	E-mail id:				
Name:		(Preferably official)				
Address:		HR Manager's Details:				
Tel No.:		Name:				
Description of Duties:		Phone No.:				
		E-mail id: (Preferably official)				

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.				
o If upon investigations, any of this information is found to be subject to dismissal at any time during my 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.				
acting on its behalf (TP), to verify the i	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	I hereby release from liability all persons or entities requesting or supplying such information.				
I authorize HCL Technology Ltd. to contact my previous empl	I authorize HCL Technology Ltd. to contact my previous employer. No				
o I have read, understand, and by my signature consent to these statements.					
SIGNATURE: NAME (IN BLOCK LETTERS): VADDADI DHANYALA PRASANNA KUMAR	DATE: 14/06/2023				
THE (III DECEMBER LETTERS). TADDADI DITANTALA LADANNA RUMAN					

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