

Tech Mahindra Limited

Sharda Centre, Off Karve Road, Pune-411 004

Application for Employment

Please affix Passport-size Photograph here

Personal Information

Name				
First /	Given Name	Middle Name	Surname / Last Name	
Name of Father		Name of		
Date of Birth	Place o	f Birth		
Nationality:		Passport (PP) No	o:	
Place of PP Issue:		Dt. of PP Issue:	Expiry:	
If you don't have a va	alid PP, have you app	blied for one? (pls use ($$) mark for selection)	Yes No
If have applied for PF	P, Application No:		Dt. of Application: _	
Have you ever been	refused/denied visa	any time? (pls use (√) mark for selection)	Yes No
If visa denied, give de	etails:			
Country	Type of Visa	Reason of	Refusal/Denial	When Denied (date)
Present Address (PI	N code mandatory)			
				Pin
Landline Tel:		Mobile No	o:	
Permanent Address	(PIN code mandatory)	(Write "Same as above" in cas	se present and permanent addr	resses are same)
				Pin
Res. Tel:		Mobile No):	
<u>E-mail</u> :				
Primary:		Seconda	ary:	
Signature of Applicant:				



Do yo	ou have any relati	ve(s) working with	any of the N	/lahindr	a Group Co	mpani	es includ	ing Tech Mahindra	a)?	
(pls u	use ($$) mark for se	election)						Yes	No	
If yes	s, please give deta	ails below: -								
Nam	e of Relative:		Rel	ationsh	ip:		Nam	e of Company:		
Name of Relative: Rel			ationsh	nship: Name of Company:						
Educ	cation Details (Or	nly those done thro	ough Govt re	cogniz	ed institutes	s/unive	rsities)			
	Education	College/ Univer		Name o		ration rom	(MM/YY) To	Specialization	on	Percentage
Ма	triculation/SSC/	(,	J. v v. <u> </u>						
	uivalent									
	ermediate/HSC/									
	uivalent									
	oloma/ uivalent									
	aduation/									
	uivalent									
	st-Graduation/									
Equ	uivalent									
'	ent/Current Emp	(Need to cover of the last of	gaps of more		try Type:	трюу	ments &	education)		
Addr	ess:				Period of (DD/MI		е	Starting Salary	Cı	urrent Salary
Reason for seeking change/leaving:			F	rom	То					
Emai	I & Ph. No.(s) of Er	nployer								
Your	Current Designation	on (as documented):		Name	and Design	ation o	f Your Im	mediate Superviso	or:	
Prev	ious Employmen	nt/ Jobs								
S.	Name and	Address of	Emp Id		Pe	riod		Designation		Last Salary
No.		loyer Telephone Nos.)	(Must fil	·				Drawn (Per Annum)		
	(From		То			(i ei Ailliuiii)
1										
2										

Signature of Applicant:



3

4

5

	Name and Address of Employer (Please also give Telephone Nos.)		Emp ld (Must fill)		riod //YYYY)	Designation	Last Salary Drawn
			,	From	To	-	(Per Annum)
6							
7							
8							
9							
Profe	essional References						
		Refer	ence No 1	Ref	erence No 2	Refere	ence No 3
Naı	me / Designation						
Ema	il id and Mob. No.						
Natu	re of Association						
Gene	<u>eral</u>						
Have	you ever applied for a j	ob with any of th	e Mahindra Group	Cos. in the last	6 months?	Ye	es No
	you ever applied for a j	ob with any of th	e Mahindra Group	Cos. in the last	6 months?	Ye	es No
			e Mahindra Group		6 months?		or Not Joining
	, give details:						
	, give details:						
If yes	, give details:	Posit	ion Applied For	Date		Reason fo	
If yes	, give details: Name of Company	Posit	ion Applied For /pa J	Date	of Application	Reason fo	or Not Joining
If yes	, give details: Name of Company y expected:	Posit	ion Applied For /pa J	Date	of Application	Reason fo	or Not Joining
Salar Any a	, give details: Name of Company y expected: dditional information yo	Posit	ion Applied For /pa J o your candidature:	Date	of Application	Reason fo	or Not Joining
Salar Any a	, give details: Name of Company y expected:	Posit	ion Applied For /pa J o your candidature:	Date	of Application	Reason fo	or Not Joining

Tech Mahindra is an Equal Employment Opportunity Employer. It promotes and supports a diverse workforce at all levels in the Company. All qualified and eligible applicants will receive due consideration for employment without any regard to their race, religion, colour, gender, age, nationality, origin or disability. All applicants will be evaluated solely on the basis of their professional ability, competence, and requirement of the essential functions of the positions they have applied for.

Date



Signature of Applicant

Place

YOUR PRESENT EMOLUMENTS (ANNUAL)

Basic	
DA	
CCA	
HRA	
Conveyance	
LTA	
Any Other Allowances/ Payments (Pls specify here and below)	
Gross Income	
PF	
Medical	
Insurance	
A .1 B 1 .2	
Any other Deductions (Pls specify here and below)	
(Pls specify here and below)	
(Pls specify here and below)	
Any other Deductions (Pls specify here and below) Gross Deductions	
(Pls specify here and below)	

Note: You are free to modify the contents/components of your salary in the blank column and delete those listed above if not applicable to you.

Signature of Applicant	Date	Place

