

**GROUP HEALTH INSURANCE ENROLMENT DECLARATION FORM 2022-2023**

DATE OF JOINING: 09/AUG/2023

EMPID: E40052131

EMAIL ADDRESS: Srikanth.Kotakonda@collins.com / KsrKoushik@gmail.com

MOBILE NUMBER: 9422209288  
9421954044**DEPENDENT COVERAGE (IN BLOCK LETTERS)**

Relation	Name	Gender	Date of Birth
Employee	SRIKANTH KOTAKONDA	MALE	08/June/1985
Spouse	K MANORAMA	FEMALE	13/June/1986
Child1	VISHNUTEJ KOTAKONDA	MALE	15/Dec/2010
Child2	DHRUVTEJ KOTAKONDA	MALE	22/Nov/2013
Father	-	-	-
Mother	RADHA KOTAKONDA	FEMALE	05/sep/1960
Father-in-law			
Mother-in-law			

**VOLUNTARY TOP UP PLAN:**

You can upgrade your sum insured by enrolling for voluntary top up option which provides additional coverage for your family over and above the base sum insured available in the policy. Top Up plan premium will be borne by the employee and the amount will be deducted from their payroll as per the company norms.

Amount	Premium	Tick
Rs.200000	Rs.4119	
Rs.300000	Rs.5493	✓
Rs.500000	Rs.10299	
Rs.1000000	Rs.20595	

**Declaration:**

I hereby declare and agree that:

- The information provided above is correct and true and best to my knowledge and if the information provided by me is found to be incorrect or false, the company is liable to take appropriate action.
- With the Company to deduct premium for top-up policy with applicable taxes from my salary if opted.

Yours Sincerely,

Visit: [www.mediassistindia.com](http://www.mediassistindia.com)

**Disclaimer:** The member details shared will be used only by Goodrich and their partners (TPA, Insurance Company and Broker) solely for administering the Group Medical Insurance Program, no data in part or whole will be provided to any parties outside the stakeholders mentioned.

COLLINS AEROSPACE PROPRIETARY.

**Collins Aerospace**

A United Technologies Company

**PERSONAL DETAILS – NOMINATION FORM FOR PF, GRATUITY, INSURANCE**  
(strictly confidential)**Personal Details**

Employee Name	SRIKANTH KOTAKONDA	Date of Birth	08/June/1985
Blood Group	O +ve	Date of Joining	09/Aug/2023
Department (official use)	AIIS	Designation	Post Graduate Engineer Trainee
Marital Status	Married <input checked="" type="checkbox"/> Single	Date of Marriage	01/July/2009
No. of Dependants	4	Employee ID (official use)	EA0052131

**Present Address**# 2-9-772 (B # 31-3-2220), 1st floor  
Padmavathi Nilayam, Venkateshwara Swamy  
Back side, TGOS colony, Hanamkonda  
506001, Telangana**Permanent Address**# FLAT NO. 301, Vrindavan Terrace  
Garden Apartment, Sanegurji Vashat  
Kolhapur - 416012, Maharashtra

Pin Code	506001	Pin Code	416012
Telephone	9422209288	Telephone	9422209288
Mobile Number(s)	9421954044	Email ID(s)	KS+Koushik@gmail.com

Incase of Emergency, Contact Person Name &amp; Number -

**Following are the dependant family members (Spouse, Parents & Children) for Group Medical Insurance Coverage purpose****Note:** Number of Family dependants should not be more than five (5)

S.No.	Name of the Dependant	Relationship	Date of Birth	Age
1	K MANORAMA	WIFE	13/June/1986	37
2	VISHNUTEJ KOTAKONDA	Son	15/DEC/2010	12
3	DHRUTEJ KOTAKONDA	Son	22/NOV/2013	09
4	RADHA KOTAKONDA	MOTHER	05/SEP/1966	63
5				

**I here by declare the name(s) of the nominee(s), who will receive all payments (PF, Gratuity, Insurance, Leave encashment, etc.) in the event of any eventuality****Note:** If two persons are nominated, proportion (%) shared to be mentioned

Name	K MANORAMA	Name	
Address	# FLAT NO. 301, Vrindavan Terrace Apartment, Sanegurji, Kolhapur, MH	Address	
Relationship	WIFE	Relationship	
Age	37 years	Age	
Proportion (%)	100%	Proportion (%)	

**Employee Signature with date**

:

K. Srikanth  
06/08/2023**Note:** Any change in the above must be intimated in writing to the HR Department Immediately.





## ANNEXURE - 3: EMPLOYMENT APPLICATION FORM

Please affix  
here your recent  
passport size  
photograph

Print using black ink or type. Be sure to sign the application on the last page

Last Name <b>KOTAKONDA</b>	First Name <b>SRIKANTH</b>	Middle Name
Email Address <b>Ksrkoushik@gmail.com</b>	Mobile No. <b>9422209288</b>	
Age <b>38 years</b>	Date of Birth (DD/MM/Year) <b>08/06/1985</b>	

Please list the opportunities in which you have interest

- ☒ Full Time    ☐ Co op/Intern  
☐ Part Time    ☐ Summer Work

How did you become interested in us? (Please specify source in box in right)

- ☐ Agency    ☐ Rockwell Collins Recruiter    ☒ Magazine/Trade/ Newspaper  
☐ Career fair /Event    ☐ Job Portals    ☐ Referral  
☒ Company Website    ☐ Professional Association    ☐ University Recruiting

Source:

Have you ever worked for Rockwell Collins and/or any of its affiliates or subsidiaries? ☐ Yes ☒ No  
If yes, specify under what name(s) you worked:

Name	Location	Date

### Formal Education

Higher Secondary/Secondary (Name of Institute)	Board	Location (City/State)	Marks/ Percentage/Grade obtained
<b>10<sup>th</sup> std, Warangal Public School</b>	<b>C.B.S.E</b>	<b>Warangal</b>	<b>66.0%</b>

### UNIVERSITY

Institute (City/State) List from most recent	From	To	Degree	Major Areas of Specialization	Marks/ Percentage /Grade obtained	Date of Completion
<b>NIT WARANGAL</b>	<b>2021</b>	<b>2023</b>	<b>M-Tech</b>	<b>Advanced Comm System</b>	<b>8.50</b>	<b>30/June/2023</b>

Distinctions/ Extracurricular  
Achievement (if any)

### OTHER EDUCATION (TRADE/TECHNICAL)

Institute (City/State) List from most recent	From	To	Major Areas of Specialization	Marks/ Percentage /Grade obtained	Date of Completion

List any Certificate or Licenses obtained and the dates on which received

List the languages known and proficiency level (speak, read, write)

List foreign languages (other than English) known and proficiency level  
(speak, read, write)



## Employment History

Beginning with the most recent job, list all jobs you have held in the past (including temporary, part time etc)

A resume is not a substitute for completing this section

Employer of Record <b>V-Labs Private Limited,</b>	Telephone No	Address, City, State, PIN Code <b>Bangalore</b>
Manager (Name & Title) <b>Mr. K.A. Shivakumar,</b>	Telephone No	Your Job Title <b>Intern</b>
Description of Duties <b>Computer vision Department</b>		From (MM/YR) <b>23/may/2022</b> To (MM/YR) <b>15/feb/2023</b>
Reason for Leaving (If applicable) <b>Personal.</b>	<input type="checkbox"/> Still Employed	CTC* Rs. _____ per annum
May we contact you at your present place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Compensation ** Rs. _____ per annum
		If yes, enter your work area, telephone number and extn.
Employer of Record <b>B.S.N.L (A Govt of India Enterprise)</b>	Telephone No	Address, City, State, PIN Code <b>Kolhapur, Maharashtra</b>
Manager (Name & Title)	Telephone No	Your Job Title <b>Junior Telecom officer</b>
Reason for Leaving (Please be specific) <b>Company situation not good</b>		From (MM/YR) <b>31/05/2010</b> To (MM/YR) <b>30/sep/2021</b>
		CTC* Rs. _____ per annum
		Other Compensation ** Rs. _____ per annum

Employer of Record	Telephone No	Address, City, State, PIN Code
Manager (Name & Title)	Telephone No	Your Job Title
Reason for Leaving (Please be specific)		From (MM/YR) To (MM/YR)
		CTC* Rs. _____ per annum
		Other Compensation ** Rs. _____ per annum
Employer of Record	Telephone No	Address, City, State, PIN Code
Manager (Name & Title)	Telephone No	Your Job Title
Reason for Leaving (Please be specific)		From (MM/YR) To (MM/YR)
		CTC* Rs. _____ per annum
		Other Compensation ** Rs. _____ per annum

\* CTC includes Basic, All Allowances & Reimbursements and Retirement benefits

\*\* Other Compensation includes anything over and above Gross Pay (including Variable Pay, Bonus, Commissions, etc)

## Unemployment Periods

Please list any periods of unemployment lasting one month or more

From (MM/YR)	To (MM/YR)	Reason for Unemployment
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**Professional References**

List two persons familiar with your technical work capabilities whom we may contact, excluding relatives

Name (Last, First, Middle)	Address, City, State, PIN Code	Working Relationship	Home Phone No. & Mobile No.	Work Phone No. /Association
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Are you subject to any agreement with a current or former employer, or any individual or entity that may prohibit you from accepting employment with Rockwell Collins, Inc. and/or any of its affiliates or subsidiaries or limit your ability to perform any tasks that may be assigned by Rockwell Collins, Inc. and/or any of its affiliates or subsidiaries?

☐ Yes ☒ No (If yes, please provide a copy of the agreement)

Do you have a valid passport? ☐ Yes ☒ No

Work permit (Please specify the countries)

Have you (under your current or any former names) been convicted of felony (including a "guilty" or "no contest" plea) in the past?

☐ Yes\* ☒ No

An answer of "Yes" will not be an absolute bar to an offer of employment

Do you have friends or relatives working for Rockwell Collins Inc. and/or any of its affiliates or subsidiaries?

☐ Yes ☒ No If yes, please list their names below

Name	Department	Relationship
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**Personal**

Marital Status: ☒ Married ☐ Single

If married, is your spouse employed ☐ Yes ☒ No

If yes, please name the company -----

Children, if any (details)

Present Address To (MM/YR)	City	State	PIN Code	Phone No	From (MM/YR)
# 2-A-772 (31-3-2220) TNGO's colony, H.A.	Hanamkonda	Telangana	506001	9422209288	Nov '2021
Prior Address	City	State	PIN Code	Phone No	
# FLAT No. 301, Vrindavan Terrace Apartment	Kolhapur	MH	416012	9422209288	June '2010

**Indian Armed Forces/ Government Services**

Branch	Initial Rank	Service Period (MM/YR) From To	Final Rank
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Not Applicable

Any Courses/ Specialization (Mention Date of Completion)

Service  
☐ Yes ☐ No

Retired  
☐ Yes ☐ No





### Emergency Notification

List names of two persons whom we may notify in the event of an emergency

Name (Last, First, Middle)

Address, City, State, PIN Code

Phone No.

K MANORAMA

# 2-9-772 (31-3-2220)  
TNGO's Colony, Hanamkonda

9491206044

K RADHA

9491206038

- I certify the information I have provided in this employment application is a true and complete response to each question asked. I acknowledge I have given careful consideration to each question and have had the opportunity to ask for clarification prior to responding.
- I acknowledge and affirm that Rockwell Collins and/or any of its agents may use the information provided to verify the accuracy and completeness of all information obtained, including, but not limited to my educational, work and criminal background. I absolve my former employers and educational institutions from any damages in providing such information. I further consent to provide additional information such as recent pay slips and/or Form 16 or other evidence of my educational, work and criminal background, if requested.
- I acknowledge and affirm that this application is for employment that may be terminated with or without cause or notice at any time either by Rockwell Collins or me. I further acknowledge and affirm that no employee or agent of Rockwell Collins, even management, has the authority to make any agreement (oral, written or implied) with me that alters the "at will" nature of any employment at Rockwell Collins. I further acknowledge and affirm that Rockwell Collins may unilaterally change or revise its benefits, policies and procedures and those changes may include a reduction in benefits.
- I understand that if an offer of employment is extended to me, my employment is contingent upon clearing necessary medical tests and satisfactory Background Reference Check.
- I certify that I am not a party to any agreement with a current or former employer, or any individual or entity that prohibits me from working for or limits my ability to perform any tasks that may be assigned to me by Rockwell Collins, Inc.
- I acknowledge and affirm that, if upon investigation, any information I provided in this application or on a resume provided to the company is false or incorrect, I will be subject to discipline, up to and including termination at any time during my employment with Rockwell Collins.
- I acknowledge and affirm that any electronic signature, facsimile or copy of my signature on this application carries the full force and effect of the original.

As an Equal Opportunity Employer, your interest in Rockwell Collins is appreciated.

APPLICANT – PLEASE SIGN AND DATE HERE

Signature

K. Sukauth

Date

09/08/2023

Date: 09/08/2023

To  
Human Resources Department,  
Rockwell Collins (India) Enterprises Pvt. Ltd.  
Hyderabad

**ANNEXURE - 2: Candidate Consent for Verification of Antecedents  
and Medical Exam**

I, SRIKANTH KOTAKONDA, for and in consideration of being considered for employment as Post Graduate Engineer Trainee with **Rockwell Collins (India) Enterprises Private Limited** at its offices in **Hyderabad/Bangalore**, consent to the Company verifying the credentials, testimonials and particulars submitted by me to the Company as part of the application process.

I further consent to the Company conducting a medical exam. I shall present myself at the appointed time at pathology centers/hospitals designated by the Company. Also, I further consent to the Company as and when needed for the purpose of submitting blood and other biological samples necessary for conducting medical tests towards screening for alcohol and drug consumption and use and I shall present myself at the appointed time at pathology centers/hospitals designated by the Company

I understand and acknowledge that the offer of employment extended by Company is conditional upon my credentials, testimonials and particulars being true, correct and accurate, and on the results of the medical exam and reference check being satisfactory to the Company.

Lastly, I understand and acknowledge that the aforementioned verification is reasonable and necessary for the Company to make the right selection of candidates.

Yours sincerely,

K. Srikanth

Name SRIKANTH KOTAKONDA

Permanent Address

# 2-9-772 (31-3-2220)

TNGO's Colony, Hanamkonda

Warangal, Telangana - 506001