

PERSONAL INFORMATION FORM

Personal No: 51997754
Name: Kuravi PavanKumar

The data visible in this form is exactly what is currently maintained in an employee's personal record in SAP. The usage of this data would be restricted to requirements for enabling personnel administration and management of the company's employees. Information available here would form the basis of all future correspondence. Please read and comply with the instructions as given below.

This form needs to be generated by an employee 24 hours after keying in all the necessary information in the system. This output can be used to cross check 1. whether all the information that an employee is expected to provide about himself is there, and nothing has been missed.

2. In case any information was submitted for change / correction, whether the same has been reflected in SAP or not.

3. In certain circumstances, an employee/new joiner may be required to submit a physical proof of having completed the information entry in the system.

In such cases this file can be generated, saved and printed and submitted to EHS Rep.

4. Certain fields are optional and marked by a * - these inputs are to enable better response and planning especially in the event of emergencies, the employee may however choose not to disclose information.

5. Certain fields are coloured Orange. These pieces of information may be asked for and provided at the time of submitting to EHS Rep.

Declaration

The data in this form has been validated.

Signature of the HR executive _____ Name _____ Date: _____

Signature of Center HR Head _____ Name _____ Date: _____

Personal Data

FORM OF ADDRESS	Mr.
NAME	Last Name: Kumar
	Middle Name:
	First Name: Kuravi Pavan
* NICK NAME	
* MAIDEN NAME	
DATE OF BIRTH (dd-mon-yyyy)	2.2.1998
* MARITAL STATUS	Single
* MARRIAGE DATE (if applicable – dd-mon-yyyy)	
NATIONALITY	Indian
* EXTRA CURRICULAR ACTIVITIES / INTERESTS / HOBBIES	1. 2. 3.

Communication & Personal ID

OFFICE E-MAIL ID	KURAVIPAVAN.KUMAR@HCL.COM	*INTERNET E-MAIL ID	PAVANKURAVIKUMAR@GMAIL.COM
*MOBILE NO	8074328401	*PAGER NO	
PAN No	DCBPP1047J		
* LOCAL EMERGENCY CONTACT Person Name Phone No.		* OTHER EMERGENCY CONTACT Person Name Phone No.	

Addresses

TYPE	PERMANENT	CURRENT	MAILING	WORKSITE	PASSPORT
Description	Hometown / Parental House	Currently Physically Residing at	Postal Correspondence	In case of an HCLT Office Location, specify Location	Replicate As in Passport (if applicable)
C/O					
ADDRESS LINE 1	1-29/2 arikela village and post	bhagyanagar boys hostel			
ADDRESS LINE 2	ramasamudram mandal, chittoor district	sr nagar			
POSTAL CODE (Zip, Pin)	517247	500038			
CITY	Ramasamudram	Hyderabad			
DISTRICT	chittoor				
STATE	Andhra Pradesh	Telangana			
COUNTRY	India	India			
TEL.NO.		0406225468			

Passport

DATE OF ISSUE(dd-mon-yyyy)		DATE OF EXPIRY(dd-mon-yyyy)	
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PASSPORT NO	PLACE OF ISSUE
Medical	
BLOOD GROUP	O +ve
* REMARKS (any disabilities, allergic reactions, other medical history that need to be kept in consideration in case of an emergency)	

Family/Related Persons

Note: Father's Name is mandatory for Indian citizens as this is a statutory requirement for Visa Processing by some Consulates in India.

RELATION	LAST NAME	MIDDLE NAME	FIRST NAME	DATE OF BIRTH(dd-mon-yyyy)	DEPENDANT(Yes/No)
Mother	Kuravi		Lakshmi	06-Sep-1975	Yes
Father	Kuravi	Sarma	Nagaraja	07-Jul-1963	Yes
Sister	Kuravi		Kiranmai	08-Aug-1998	No

Education

FROM (dd-mon-yyyy)	TO (dd-mon-yyyy)	TYPE(Edu Estb.)	BOARD / UNIVERSITY	SUBTYPE(Certificate)	DISCIPLINE	INSTITUTION	LOCATION	AREAS OF CERTIFICATION
12-Jun-2012	14-Mar-2013	Others	BOARD OF SECONDARY EDUCATION hyderabad	Secondary	Not Applicable			
12-Jun-2013	10-Apr-2015	Others	board of intermediate education	Senior Secondary	Others			
12-Jun-2015	16-Apr-2018	BSc (3 Yr)	sri venkateswara university	Graduation	Electronics			

Previous Employment

FROM (dd-mon-yyyy)	TO (dd-mon-yyyy)	COMPANY NAME	LOCATION	INDUSTRY	ENTRY DESIGNATION	EXIT DESIGNATION
09-Aug-2018	04-Oct-2021	yuga solutions private limited		IT Enabled Services	DEVOPS ENGINEER	DEVOPS ENGINEER

Declaration

The above provided information is true to the best of my knowledge and I fully understand that I will be liable for any incorrect/ false information disclosed.

Signature of the Employee k pavan kumar

Date: 25/10/2021