



Candidate Declaration Form - Société Générale Global Solution Centre Pvt. Ltd.

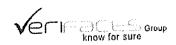
<u>Instructions</u>: Please provide all the information requested in this form. Incomplete Candidate Declaration Forms (CDFs) will be returned. **All** supporting documents **must** accompany this form. Photocopies must be **legible.** We have included a checklist to assist you to complete your application comprehensively.



PERSONAL DETAILS

Candidate Reference No:

Full Name (First/Middle/Last): SUBRAMANIAN MUTHAIAH							
Fathers Name: S MUTHAIAH							
Date of birth(DD/MM/YY): 27/09/1988 Personal Number: ☎ -	+91 99406 87526 Nationality: INDIAN						
Passport Number: J3081432 Date of issue: 06/12/2010 Date of expiry: 05/12/2020							
SG GSC Employee Number: Date of	of Joining:						
Social Security Number (If worked/studied in the US/Any other	er Country)						
Change of Name if Applicable	,						
Former Name/Maiden Name							
Date of Name Change	*						
Current Address	Permanent Address						
Door No/Street: # 46, Ramanujam Street ("Udhayam House") T.Nagar City: Chennai State: Tamil Nadu Pin: 600017 Landmark: ☎: (Landline) +91 044 6562 3542 Is your residence your own or a rented place? Own If rented, please provide details of the Landlord Name:	Door No/Street: # 46, Ramanujam Street ("Udhayam House") T.Nagar City: Chennai State: Tamil Nadu Pin: 600017 Landmark: ☎:(Landline) +91 044 6562 3542 Is your residence your own or not? Own If Not, please provide details of the Landlord Name:						
3. Social Security Number, or any other Country's							
(Tear a	away slip)						
For Internal Use Only							





(To be entered by Verifacts personnel only)

EDUCATION DETAILS - (Any two as applicable)

	I ⊠:				
A: Higher Secondary (10+2)		M. G. Galant T Nagar Che	ennai 600017		
Name of the Institute	Shrine Vailankannı	Hr Sec School, T.Nagar Che	12		
Student ID No:/ Enrolment No	589353	Duration of Study(Total Years) Degree Obtained	12		
Divisìon / Class			Regular		
Subject Major		Course Type (Regular/Distance	Regulai		
Name of Examining Board	State Board				
School Name	Shrine Vailankann	i Hr Sec School			
School Address	T.Nagar				
School Madress	City: Chennai	State:	Tamil Nadu		
	Pin:600017	☎:(Landline)			
	⊠: (Email ID)				
C: Graduation					
Name of the Institute	40406105053	Duration of Study	4		
Student ID No:/ Enrolment No	FIRST CLASS	Degree Obtained	B.E		
Division / Class	EEE Course Type		Regular		
Subject Major	(Regular/Distance				
Name of University	Anna University	Anna University			
Name of College/Study Centre	BSA Crescent Engg C	College			
Address of Institution			Tamil Nadu		
Address of Madedion	City: Chennai	State:	Tallii Nada		
	Pin: 600017	當:(Landline)			
	⊠: (Email ID)				
D: Post Graduation					
Name of the Institute					
Student ID No:/ Enrolment No		Duration of Study			
Division / Class		Degree Obtained			
Subject Major	Course Type				
		(Regular/Distance			
Name of University					
Name of College/Study Centre					
Address of Institution		State:			
	City:	State:			
	Pin:				
	⊠: (Email ID)				

Note: Please attach legible xerox copies of the following documents relevant to the entries above

- 1) Mark sheets of all semesters/years
- 2) Degree Certificates, FRONT and BACK
- 3) Provisional Certificates
- 4) School Leaving Certificate





EMPLOYMENT

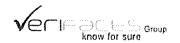
NOTE: There are two categories in each form. Please provide information under the relevant Employment Category.

(EMP-1) Previous Employment					
PERMANENT EMPLOYMENT					
Name of Company	iGate P	iGate Patni			
Where were you employed?	٥	Registered Corporate Office	Branch Office		
Company Address	Door N	o/Street : DLF , Manapakkam	1		
(Where you were employed)	City	Chennai	State	Tamil Nadu	
	Pin	600089	☎ (Landline)		
Period of employment	Sep 20	10 - July 2013	Employee Code	716861	
Start Date to End date					
Designation	Senior	Software Engineer	Remuneration		
Department			Reported to	Guru Meenkashi Sundaram	
Supervisor's Designation	Senior Manager		☑ (Email Id)		
	.	CONTRACTUAL EMPLOY	MENT		
Company Name					
Company Address	Door No/	Street			
	City		State		
Company Contact Person			⊠ (Email Id)		
Designation			🕿 (Landline)		
State your reason for leaving					
Can a reference be taken now?		Yes	□ No		
If No, when can it be taken?					



(EMP-2) Previous E		PERMANENT EMPLO	YMENT		
Name of Company	CGI Lo	ogica			
Where were you employed?	۵	Registered Corporate Office	☐ Branch Of	☐ Branch Office	
Company Address	Door	No/Street : DLF , Manapakk	am		
(Where you were employed)	City	Chennai	State	Tamil Nadu	
(AALIGIC Aga state and	Pin	600089	🕿 (Landline)		
Period of employment Start Date to End date	July 2013 - Till date		Employee Code	LPS00315032	
Designation	Senio	r Software Engineer	Remuneration		
Designation			Reported to	<u>Jahangeer Jaffer</u>	
Department Consider's Designation	Senio	or Technical Architect	⊠ (Email Id)		
Supervisor's Designation	1 30	CONTRACTUAL EMPL	OYMENT		
Company Name					
Company Address	Door N	lo/Street			
Company //dai/cos	City		State		
Company Contact Person			⊠ (Email Id)		
Designation					





(EMP-3) Previous Employment					
PERMANENT EMPLOYMENT					
Name of Company					
Where were you employed?	0	Registered Corporate Office	☐ Branch Office		
Company Address	Door No/S	Street	E		
(Where you were employed)	City	***	State		
	Pin		☎ (Landline)		
Period of employment			Employee Code		
Start Date to End date	**************************************				
Designation			Remuneration		
Department			Reported to		
Supervisor's Designation		MANANANANANANANANANANANANANANANANANANAN	☑ (Email Id)		
		CONTRACTUAL EMPLO	YMENT		
Company Name					
Company Address	Door No/S	Street			
	City		State		
Company Contact Person			⊠ (Email Id)		
Designation					
Please state your reason for leaving					





(EMP-4) Previous Employment					
PERMANENT EMPLOYMENT					
Name of Company					
Where were you employed?		Registered Corporate Office	☐ Branch Office		
Company Address	Door No/S	Street			
(Where you were employed)	City		State		
	Pin		☎ (Landline)	·	
Period of employment			Employee Code		
Start Date to End date					
A A A A A A A A A A A A A A A A A A A					
Designation			Remuneration		
Department			Reported to		
Supervisor's Designation			⊠ (Email Id)		
		CONTRACTUAL EMPLO	YMENT		
Company Name					
Company Address	Door No/S	Street			
	City		State		
Company Contact Person			⊠ (Email Id)	A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Designation			🕿 (Landline)		
Please state your reason for leaving					





(EMP-5) Previous Employment					
PERMANENT EMPLOYMENT					
Name of Company					
Where were you employed?		Registered Corporate Office	☐ Branch Office		
Company Address	Door No/	Street			
(Where you were employed)	City		State		
	Pin		🕿 (Landline)		
Period of employment			Employee Code		
Start Date to End date					
Designation			Remuneration		
Department			Reported to		
Supervisor's Designation			⊠ (Email Id)		
		CONTRACTUAL EMPLO	OYMENT		
Company Name			•		
Company Address	Door No/	Street			
	City		State		
Company Contact Person			⊠ (Email Id)		
Designation			🖀 (Landline)		
Please state your reason for leaving					





(EMP-6) Previous E	mploy	ment			
PERMANENT EMPLOYMENT					
Name of Company					
Where were you employed?		Registered Corporate Office	☐ Branch Office		
Company Address	Door No/	Street			
(Where you were employed)	City		State		
	Pin		☎ (Landline)		
Period of employment			Employee Code		
Start Date to End date	- Andrews				
Designation			Remuneration		
Department			Reported to		
Supervisor's Designation			⊠ (Email Id)		
		CONTRACTUAL EMPL	OYMENT		
Company Name					
Company Address	Door No.	Street		······································	
	City		State		
Company Contact Person			⊠ (Email Id)		
Designation			🕿 (Landline)		
Please state your reason fo	r leavin	g			



(EMP-7) Previous Employment						
PERMANENT EMPLOYMENT						
Name of Company		TENTANTENT EFTI EO				
Where were you employed?	g	Registered Corporate Office	☐ Branch Offi	ce		
Company Address	Door No/S	Street				
(Where you were employed)	City		State			
	Pin		☎ (Landline)			
Period of employment			Employee Code			
Start Date to End date				,		
Designation			Remuneration			
Department			Reported to			
Supervisor's Designation	***************************************		⊠ (Email Id)			
		CONTRACTUAL EMPLO	DYMENT			
Company Name						
Company Address	Door No/S	treet				
	City		State			
Company Contact Person			⊠ (Email Id)			
Designation			🖀 (Landline)			
Please state your reason for	·leaving					





Authorization/ Declaration and Undertaking

If Employed by Société Générale Global Solution Centre Pvt. Ltd., I agree to provide copies of all relevant certificates. I understand that employment with Société Générale Global Solution Centre Pvt. Ltd.is governed by their employment policies as applicable, including satisfactory information from background checks.

I hereby certify that all information provided herein, is true and complete to the best of my knowledge and belief. I authorize Société Générale Global Solution Centre Pvt. Ltd.and its representative to authenticate information I have provided in my resume and this Candidate Declaration Form (CDF). To conduct enquiries as may be necessary at the company's discretion, I authorize all who may have information relevant to this enquiry to disclose it to Société Générale Global Solution Centre Pvt. Ltd.and/or its representative. I release all concerned from any liability on account of such disclosures.

I also declare that the information provided by me in my resume and application for employment to Société Générale Global Solution Centre Pvt. Ltd.and its representative is authentic and I am liable for all inaccuracies and omissions.

I promise to extend total co-operation and provide relevant documents required.

Full Name of the Candidate: SUBRAMANIAN MUTHAIAH

Place: CHENNAI

Date: 29/09/2016

Signature of the Candidate