

Capgemini Singapore Pte Ltd

Employee Joining Form



Instructions

- Please fill in all the details legibly with correct spellings and avoid overwriting
- You are solely responsible for the authenticity of all the information provided in this form
- Company may ask you to provide relevant documents related to the information at any time

PERSONAL DETAILS

Name	<u>SHIVA KUMAR</u>	<u>YALAGUNDA</u>	<u>BASAVARAJU</u>
	(First)	(Middle)	(Last)
Date of Birth	<u>06</u> <u>06</u> <u>86</u>	Marital Status	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married
	Day Mth Year		
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	NRIC / FIN No.	<u>G3395909K</u>
Nationality	<u>INDIAN</u>	Resident Status	<input type="checkbox"/> Citizen <input type="checkbox"/> PR <input checked="" type="checkbox"/> EP
Present Address	<u># 07-10, 93H FLORA DRIVE</u>		
	City & State <u>CHANGI</u>	Country <u>SINGAPORE</u>	Pin / Zip <u>509739</u>
	Ph. No. _____	Mobile No. <u>91070762</u>	
Permanent Address	<u># 1046, KESARE 3rd STAGE</u>		
	City & State <u>MYSORE, KARNATAKA</u>	Country <u>INDIA</u>	Pin / Zip <u>570007</u>
	Ph. No. _____	Mobile No. <u>9886899215</u>	
	Name of Contact Person <u>SHANTHA KUMAR</u>		
Emergency Contact	Ph. No. _____	Mobile No. <u>82473998</u>	

EDUCATIONAL QUALIFICATIONS

Qualification	Degree (as mentioned in Certificate)	College / Instituted (mention full name)	Year of Passing	University / Board (as mentioned in certificate)	Specialization	%
Masters						
Bachelors	ENGINEERING	PESCE	2009	VTU	E&C	61
School	PUC	SADVIDYA	2004	KARNATAKA BOARD	PCMB	90

TECHNICAL / PROFESSIONAL CERTIFICATIONS

Certification	Institute	Period From --- To	Specialization	%

TECHNICAL SKILLS

Skills	Details	Proficiency Level (1 – Low, 2 Medium, 3 High)
Languages	JAVASCRIPT, NODE.JS, JAVA,	3
Databases	ORACLE, MONGODB	3
Platforms	WINDOWS, MAC	3
Operating Systems	WINDOWS, LINUX	2
Others		

WORK EXPERIENCE

(Start from the most recent – going back upto Education)

Name & Address	From (DD-MM-YY)	To (DD-MM-YY)	Designation / Role	Last Drawn Salary (Annual Gross)
TECH MAHINDRA , INDIA	26-02-10	18-02-13	TECHNICAL ASSOCIATE	3,08,022 INR
ACCENTURE , INDIA	28-02-13	09-07-17	SENIOR SOFTWARE ENGINEER	8,85,000 INR
DBS , SINGAPORE	17-07-17	28-09-18	SENIOR CONSULTANT	76,800 SGD

GAPS IN EXPERIENCE (IF ANY)

From (DD-MM-YY)	To (DD-MM-YY)	Reason for Gap

OTHER DETAILS

PASSPORT			
Passport Number	M4219906	Issue Date	12 12 14
Place of Issue	BANGALORE , INDIA	Expiry Date	11 12 24

BANK ACCOUNT			
ACCOUNT NO.	029 - 030089-5	ACCOUNT TYPE	SAVINGS
BANK NAME & CODE	DBS 8 7171	BRANCH NAME	DBS BANK Ltd
SWIFT CODE (FOR OVERSEAS BANK)		BRANCH CODE	029

HEALTH	
Blood Group	B ⁺ ve
Health Problems (if any)	

FAMILY DETAILS		Day	Mth	Year
Spouse's Name	BINDHU VN	02	02	91
Child 1				
Child 2				
Child 3				

PROFESSIONAL REFERENCES

(Senior Professionals from Industry; should not be relatives or friends)

Name	Address & Tel. No.	Professional / Occupation	No. of Years of Acquaintance
AJOK RANJAN	DBS, SINGAPORE +65 87999947	PRODUCT OWNER	1
PARMOD KUMAR	SP GROUP, SINGAPORE +65 91606359	SENIOR CONSULTANT	1

I hereby declare that all information furnished in this document is true and correct to the best of my knowledge and understanding. I also understand that the Capgemini has a legal right to take appropriate action, including termination of my service, if the information provided proves to be incorrect and false.

I further understand that Capgemini has the right to do a reference / background check with my previous employers

Name : SHIVA KUMAR YB Date : 04-09-2018

Signature : YB. SLH

GROUP MEDICAL INSURANCE POLICY COVERAGE

Employee's / Member's Personal Statement Form

Name	SHIVAKUMAR YALAGUNDA BASAVARAJU	NRIC / FIN No.	G3395909K
Date	04-09-2018	Passport No.	M4219906

DETAILS OF DEPENDENT FAMILY MEMBERS (SPOUSE / CHILDREN) TO BE INSURED

S. No.	Name of Dependents	Date of Birth	Gender	Relationship with Insured	NRIC / FIN / Passport No.
1.	SHIVAKUMAR YALAGUNDA BASAVARAJU	06-06-86	MALE	SELF	G3395909K
2.	BINDHU UNDIGANALU NANJEGOWDA	22-08-91	FEMALE	WIFE	G3406251Q
3.	Dependent 2				
4.	Dependent 3				

Please provide details of any pre-existing conditions

Name of Family Doctor	Doctor's Phone No.
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PERSONAL ACCIDENT & LIFE INSURANCE NOMINATION DETAILS

S. No.	Name of Nominee	Gender	Relationship with Insured	NRIC / FIN / Passport No.	% Contribution
1.	BINDHU UNDIGANALU NANJEGOWDA	FEMALE	WIFE	G3406251Q	100
2.					

I hereby certify that all the above information is correct to the best of my knowledge and belief.

Name : SHIVA KUMAR YB Date : 04-09-18

Signature : Y.B.S.L.