Background Verification Form

Note: Please Provide Complete and Accurate Information. Fields marked with astrics (*) are mandatory.

Personal Details:

1. **Complete Name of the Candidate*:** Ashishprakash Palanikumar
2. **Gender*:** Male
3. **Date of Birth*:** 26-07-2002
4. **Father's Name (Complete)*:** Palanikumar S
5. **Nationality*:** Indian
6. **PAN Card No., if any*:** HCXPP5951D
7. **Aadhar Card No., if any*:** 5431 2755 5398
8. **Director Identification Number (DIN), if any*:**
9. **Passport Details, if any*:**
    a. **Passport Number:** C8134706
    b. **Issue Date:** 04-02-2025
    c. **Expiry Date:** 03-02-2035

Employment History:

Please provide details of all companies/employers in last 10 years.

Details of Current Employer (I):	
* Employers Name & Branch: * Address:	
* Position Held & Department:	
Office Telephone Land Line No:	
* Employment Period: **(date, month, year)**	From To
*Employee Code (If Any): *Last Salary Drawn **(per month)**:	
Reporting Manager: (Please give Name, Department and contact details)	
Can we verify Current employment details? **Yes or No, please specify**	
Agency Details (if temporary or contractual)	

Details of Last Employer (II):	
* Employers Name & Branch: * Address:	
* Position Held & Department:	
Office Telephone Land Line No:	
* Employment Period: **(date, month, year)**	From To
*Employee Code (If Any): *Last Salary Drawn **(per month)**:	
Reporting Manager: (Please give Name, Department and contact details)	
Agency Details (if temporary or contractual)	

Details of Current or Last Employer (III):	
* Employers Name & Branch: * Address:	
* Position Held & Department:	
Office Telephone Land Line No:	
* Employment Period: **(date, month, year)**	From To
*Employee Code (If Any): *Last Salary Drawn **(per month)**:	
Reporting Manager: (Please give Name, Department and contact details)	
Agency Details (if temporary or contractual)	

Details of Current or Last Employer (IV):	
* Employers Name & Branch: * Address:	
* Position Held & Department:	
Office Telephone Land Line No:	
* Employment Period**: (date, month, year)**	From To

*Employee Code (If Any):	
*Last Salary Drawn **(per month)**:	
Reporting Manager: (Please give Name, Department and contact details)	
Agency Details (if temporary or contractual)	

Details of Highest Qualification

* Name of the University and College:	Anna University, College of Engineering Guindy
Location (town/city) with Complete Address:	Sardar Patel Road, Anna University, Chennai - 600 025
* Degree/ Diploma/ Course completed: (Specialization, if any)	Master of Computer Applications
* Period of the course: **(month, year)**	From AUG 2023 To APR 2025
*Roll/ Registration/Seat Number:	2023178051

Details of Previous I to Highest Qualification

* Name of the University and College:	Bharathidasan University, Bishop Heber College
Location (town/city) with Complete Address:	Post Box No. 615, Allithurai Road, Tiruchirappalli - 620 017
* Degree/ Diploma/ Course completed: (Specialization, if any)	B.Sc. Computer Science
* Period of the course: **(month, year)**	From APR 2020 To APR 2023
*Roll/ Registration/Seat Number:	201114063

Details of Previous II to Highest Qualification

* Name of the University and College:	Kamala Niketan Montessori School (CBSE)
Location (town/city) with Complete Address:	No. 6, Maris Avenue , Collector's Office Road, Trichy – 620 001.
* Degree/ Diploma/ Course completed: (Specialization, if any)	HSC, SSC
* Period of the course: **(month, year)**	From APR 2019 To APR 2020 (HSC From APR 2017 To APR 2018 (SSC)
*Roll/ Registration/Seat Number:	HSC: 20635300 SSC: 4041246

Details of Professional Qualifications or Certifications (I), if any

* Name of the University and College:	
Location (town/city) with Complete Address:	
* Degree/ Diploma/ Course completed: (Specialization, if any)	

* Period of the course: (**month, year**)	From To
*Roll/ Registration/Seat Number:	

Details of Professional Qualifications or Certifications (II), if any

* Name of the University and College:	
Location (town/city) with Complete Address:	
* Degree/ Diploma/ Course completed: (Specialization, if any)	
* Period of the course: (**month, year**)	From To
*Roll/ Registration/Seat Number:	

Details of last 7yrs Address for Address & Criminal Verification:

* **Complete Current Address:**	S2, No.3, Sri Venkateshwara homes, pillaiyar kovil street, maduvinkarai, Guindy
Town/ City Name:	Chennai
* Phone Number:	6381408390
*Duration of Stay: (**month, year**) **mandatory**	From 28-01-2024 To 15-02-2025
* Complete Previous Address 1 :	19, Kalaingar road, Ambedkar Nagar, Perungudi
Town/ City Name:	Chennai
* Phone Number:	6381408390
*Duration of Stay: (**month, year**) **mandatory**	From 21-09-2023 To 27-01-2024
* Complete Previous Address 2:	
Town/ City Name:	
* Phone Number:	
*Duration of Stay: (**month, year**) **mandatory**	From _____ To _____
* Complete Previous Address 3:	
Town/ City Name:	
* Phone Number:	
*Duration of Stay: (**month, year**) **mandatory**	From _____ To _____
* Complete Previous Address 4 :	
Town/ City Name:	
* Phone Number:	

*Duration of Stay: (**month, year**) mandatory	From _____ To _____
* Complete Previous Address 5 :	
Town/ City Name:	
* Phone Number:	
*Duration of Stay: (**month, year**) mandatory	From _____ To _____
* Complete Permanent Address (MANDATORY):	12/1, 10th E cross, Thillainagar
Town/ City Name:	Trichy
* Phone Number:	6381408390
*Duration of Stay: (**month, year**) mandatory	From 2008 To
**Details of Professional References:	
Reference 1 :	**Details :**
Name	
Ph #	
Designation, Company Name	
Reference 2 :	**Details :**
Name	
Ph #	
Designation, Company Name	
**Details of GAP if Any:	
Reason for GAP 1	
Period of GAP	
Address stayed during the GAP	
Reason for GAP 2	
Period of GAP	
Address stayed during the GAP	

I hereby authorize **"Accolite Software India Private Limited"** and its representative to verify information provided in my application of employment and to conduct enquiries as may be necessary at the company's discretion. I authorize all persons who may have information relevant to this enquiry to disclose it to **"Accolite Software India Private Limited"** or its representatives.

Name: Ashishprakash Palanikumar

Signature: *Ashish. P/.*

Date: 10-02-2025