Background Verification Form

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

Personal Details:

- 1. Complete Name of the Candidate*:
- 2. Gender*:
- 3. Date of Birth*:
- 4. Father's Name (Complete)*:
- 5. Nationality*:
- 6. PAN Card No., if any*:
- 7. Aadhar Card No., if any*:
- 8. Director Identification Number (DIN), if any*:
- 9. Passport Details, if any*:
 - a. Passport Number:
 - b. Issue Date:
 - c. Expiry Date:

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	То
*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	То
*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	То
*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	То

*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:			
Location (town/city) with Complete Address:			
* Degree/ Diploma/ Course completed: (Specialization, if any)			
* Period of the course: (month, year)	From	То	
*Roll/ Registration/Seat Number:			
Details of Previous I to Highest Qualification			
* 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	То	
*Roll/ Registration/Seat Number:			
Details of Previous II to Highest Qualification			
* 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	То	
*Roll/ Registration/Seat Number:			
Details of Professional Qualifications or Certif	ications (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	То	
*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	То	
*Roll/ Registration/Seat Number:			
Details of last 7yrs Address for Address & Criminal Verification:			
* Complete Current Address:			
Town/ City Name:			
* Phone Number:			
*Duration of Stay: (month, year) mandatory	From	То	
	I		
* Complete Previous Address 1 :			
Town/ City Name:			
* Phone Number:			
*Duration of Stay: (month, year) mandatory	From	_To	
* 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	_ 10	
* 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):	
Town/ City Name:	
* Phone Number:	
*Duration of Stay: (month, year) mandatory	From 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:
Signature:
Date:
Date: