



Profile Background Form

Please complete all information. Fields marked with a * are mandatory.
Note: Please avoid using short forms / abbreviations wherever possible.

Personal Details		Client Number: Name:		Employee ID:	
*First Name: NANI		*Middle Name: BABU		*Last Name/Surname: PALLAPU	
*Standard format of writing the name:					
*Have you ever changed your name? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Please attach a copy of the name change document) If Yes, name change date: DD/MON/YYYY					
Previous Name(s) / Maiden Name (if applicable)		First Name		Middle Name	
				Last Name/Surname	
*Father's Name		First Name		Middle Name	
		EDUKONDALU		PALLAPU	
Complete current address:		SBN PG, brolidoddy		Period of Stay (DD/MON/YYYY):	
*City and Postal code		Hyderabad - 500032-T.S.		*From: 04/05/2024	
*Landmark 1:		Padmasri Gardens		*To: Present	
*Landmark 2:		OPPOSITE RELIANCE TOWERS			
Landline telephone number:					
Permanent Address:		6-48, Hanuman Peta, Uppaluru		Period of Stay (DD/MON/YYYY):	
*City and Postal code		Vijayawada, Krishna Dist		*From: 20/05/2021	
*Landmark 1:		- 5211052		*To: Present	
*Landmark 2:					
Landline telephone number:					
*Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married			
*Date of Birth: (DD/MON/YYYY) 09/02/1998		*Nationality: Indian SSN / TIN Number: (if applicable)			
Contact Details		Passport Details			
*Email: nani.pallapu369@gmail.com		*Number:			
Home # 9676541438		*Place of Issue:			
Mobile #: 9392590089		Issue date:			
*Photo Identification proof (Attach a copy)		*Address proof (Attach a copy)			
<input type="checkbox"/> Passport <input checked="" type="checkbox"/> PAN card		<input type="checkbox"/> Lease/rental agreement <input checked="" type="checkbox"/> Bank statement			
<input type="checkbox"/> Driver license <input type="checkbox"/> Voter ID		<input type="checkbox"/> Land telephone <input type="checkbox"/> Voter card			
Photo ID Number _		<input type="checkbox"/> Other _____			



Educational Qualifications

Note: Please attach more educational sheets if necessary
Please complete all the degree/educational qualifications and attach the necessary documents.

Educational Record - Master's Degree / Highest Degree (Please attach copy of degree certificate and all year mark sheets)			
*College Name		Nova College of Engineering	
*College Address and Contact Telephone		*College City/State/Country:	
Tangellmudi, Eluru, Andhra Pradesh - 534005		Eluru / Andhra Pradesh / INDIA	
*University Name, Address, and Contact Telephone		*University City/State/Country	
INTU Kakinada - Kakinada - 533003		Kakinada / A.P. / India	
*From (month / year)	*Graduated	*Program	*Registration/Roll No.
Aug / 2016	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	169F1A0527
*Type of degree		*Graduation date (month / year)	*Subject Major
Bachelor's degree (B-Tech)		Dec / 2020	Computers
*Copy of the Certificate Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
*Educated in Overseas: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, Unique identification number at Overseas (SSN/TIN):			
Given Name at Overseas:			



Employment Details

Note: Please attach more employment sheets if necessary

Please ensure that you are descriptive wherever necessary – For example, if the company no longer exists, acquired, or merged, please do mention it. Employee Code/ ID/ Number are necessary. If your previous employer did not provide you one, please mention and provide us with reasons for the same.

Details of Last Employer					
*Company Name: <u>Innova Solutions Pvt. Ltd</u>			*Company Telephone (Landline/Company Website):		
*Reporting (branch) office Address: <u>14th floor, Gran Corporation, Laxmi Infotech Kokapet - Hyderabad</u>			Employment Period: (DD-MON-YYYY) *From: <u>26/07/2022</u> *To: <u>31/05/2024</u>		
Job Details *Position Held: <u>Associate Software Engineer</u> *Department: <u>Java</u> *Employee Code: <u>103292</u> SSN (if applicable): *Employment Type: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary			Reporting Manager's Details *Name: <u>Shaik Feroz</u> *Job Title: *Department: <u>Java</u> *Present Contact Number: *Official Email ID: <u>8143578132</u> <u>feroz.shaik@innova-solutions.com</u>		
*Agency Name and Details: (Temporary/contractual)			*Reason(s) for Leaving: <u>Career enhancement</u>		
*Starting Base Salary	*Other Compensation	*Total	*Final Base Salary	*Other Compensation	*Total
0	0		0	0	
*Is this current employment?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, mention date when verification can be initiated: (DD-MON-YYYY)					
Any other pertinent information:					

Details of Previous Employers - Please attach a copy of your relieving letter/service certificate	
*Company Name: <u>TechEra IT Consulting Pvt Limited</u>	
*Main office Address: <u>101, Ground floor, KTC Illumination Madhapur, Hyderabad - 500081</u>	*Company Telephone (Landline): Company Website:
*Reporting (branch) office Address:	Employment Period: (DD-MON-YYYY) *From: <u>23/Dec/2021</u>



			*To: 22/04/2022		
Job Details *Position Held: Trainee Software Engineer *Department: JAVA *Employee Code: TE-ACS-408033 SSN (if applicable): *Employment Type: <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary			Reporting Manager's Details *Name: *Job Title: *Department: *Present Contact Number: *Official Email ID:		
*Agency Name and Details: (Temporary/contractual)			*Reason(s) for Leaving: Career enhancement		
*Starting Base Salary	*Other Compensation	*Total	*Final Base Salary	*Other Compensation	*Total
Any other pertinent information:					

Details of Last Employer					
*Company Name:					
			*Company Telephone (Landline): Company Website: www.Genpact.com		
*Reporting (branch) office Address:			Employment Period: (DD-MON-YYYY) *From: *To:		
Job Details *Position Held: *Department: *Employee Code: SSN (if applicable): *Employment Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			Reporting Manager's Details *Name: *Job Title: *Department: *Present Contact Number: *Official Email ID:		
*Agency Name and Details: (Temporary/contractual)			*Reason(s) for Leaving: Career enhancement		
*Starting Base Salary	*Other Compensation	*Total	*Final Base Salary	*Other Compensation	*Total
	0				
*Is this current employment?: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, mention date when verification can be initiated: (DD-MON-YYYY)					
Any other pertinent information:					

Details of Last Employer



*Company Name:					
			*Company Telephone (Landline): Company Website:		
*Reporting (branch) office Address:			Employment Period: (DD-MON-YYYY) *From: *To:		
Job Details *Position Held: *Department: *Employee Code: SSN (if applicable): *Employment Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			Reporting Manager's Details *Name: *Job Title: *Department: *Present Contact Number: *Official Email ID:		
*Agency Name and Details: (Temporary/contractual)			*Reason(s) for Leaving: Career enhancement		
*Starting Base Salary	*Other Compensation	*Total	*Final Base Salary	*Other Compensation	*Total
*Is this current employment?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, mention date when verification can be initiated: (DD-MON-YYYY)					
Any other pertinent information:					

Professional Reference Details

Note: Please attach more reference sheets if necessary

Detail	Reference 1	Reference 2
*Reference Full Name	TEJESWARA KOMMA	SEKHAR KUMMARI
*Designation	SOFTWARE ENGINEER	Associate Software Engineer
*Company Name	Innova Solutions	Innova Solutions
*Contact Telephone	838206904/9553517871	9100455356
*Company Email Address	tejeswara.komma@innovasolutions.com	sekhara.kummar@innovasolutions.com
*How do you know this person?	Colleague / Teammate	Colleague / Ex-Teammate
*Can the reference be contacted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please give the reason why and give an alternate reference.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, please give the reason why and give an alternate reference.

Mandatory Supporting Documents/Instructions

Address check:

- o Location details along with 2 landmarks and landline telephone numbers

Education Check:

- o Photocopy of the degree certificate and final year mark sheet.
- o Registration number or enrollment number

Bangalore University Specific

- o Photocopy of both sides of the degree certificate (The reverse side of the certificate has some information which the University would require).
- o Copies of Marks Sheets/Grade Card for all the years of attendance.

Roll number, College name and College contact details are mandatory.

Employment Check:

- o Photocopy of relieving/experience certificate of each employment.
- o Latest month salary slip of each employment

Reference Check: Details provided must be of the reporting manager at the previous company. Please provide full name, designation, land-line telephone number and official email ID.

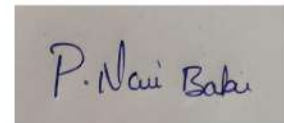
INFORMATION RELEASE FORM

To Whom It May Concern:

I, PALLAPU NANI BABU
(Last Name) (First Name) (Middle Name)

hereby authorize my current/prospective employer and/or any of its subsidiaries or affiliates or partners or vendors, and any person or organizations acting on its behalf, to verify information presented in my employment application and to compile a background report for that purpose. I hereby grant authority to the bearer of this letter to access or be provided with full details of my previous employment record held by any company or business for which I previously worked. This information should include, but not be restricted to, the dates of employment, position held, details of my salary upon departure and an appraisal of my performance, capabilities and character. I hereby release from liability any person or entity requesting or supplying such information.

23/05/2024
Date:



Candidate Signature

* NANIBABU PALLAPU
(Name of the Candidate)