

Details and Background Verification Form

Please Print Clearly and Provide Complete and Accurate Information

Note - All fields are mandatory, please do not leave any blanks

Personal Details				
	2			
Full Name (First, Middle, Last)	Bradyum Bansal			
Date of Birth	13th Marich 1998			
Father's Name	Rajeer Bansal			
Mother's Name	Shipma Bansal			
Permanent Address	E-237 Kamla Nagar Agora, UP.			
Current Address	E-237 Kamla Nagar Agra, UP. E-237 Kamla Nagar Agra, UP			
Primary Contact Number	8077603499			
Primary Contact Email	8017 pradyum bansal 00+ @ grail con			
PAN number	EXJ PB 3602R			

Educational Qualifications

Post Graduation – Educ	ation 1	
College Name	MA	
College Address	HA	
University Name and Address	NA	
From - To (month / year)	MA	
Graduated	□ Yes □ No □ Pursuing	
Program	□ Full Time □ Part Time	

Background Verification Form Revised on: December 01, 2017

Version No.: 1.0

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Registration No (Roll No)	AIN	
Type of degree	MA	
Graduation date (month / year)	NA	
Subject Major	MA	

Graduation – Education 2		
College Name	Jaybee INSTITUTE OF INFORMATION	1 TECHNOLOG,
College Address	A-10, Sector-62 Jayker institute of Informati	by
University Name and Address	Technology Noida, UP. Jaypee Institute of Information Technology, Noida, (A-10, Sector-62 J117-Noida).	
From = To (month / year)	(Aug/2016) - (July/2020)	
Graduated	□ Yes □ No □ Pursuing	
Program	Full Time Part Time	
Registration No (Roll No)	16103150	-
Type of degree	Bacheloss	į
Graduation date (month / year)	(July/2020)	
Subject Major	Computor Science.	

Employment History



Details of Current or Las	t Employer	1		
Company Name	N	4		
Position Held	N	À		
Department	MA			
Address (main office and branch where worked)	MA			
Telephone				
Employment Period: (date, month, year) Employee Code: Reporting details:				
From: To:				Name: Position:
Whether employment is of	permanent	or temporary nature -	×	Permanent × Temporary
Agency Details (if temporary	or contractual):		
Remunerations / Salary (CTC / Gross per month)				
		MA		
Reason(s) for Leaving	t	VA		

Details of Previous Employers (covering last 10 years)					
Company Name	MA				
Position Held	NA				
Department	MA				
Address (main office and branch where worked)	NA				



Telephone			
Employment Period: (date, r	month, year)	Employee Code:	Reporting details: Name: Position:
Whether employment is of permanent or temporary nature - * Permanent * Temporary Agency Details (if temporary or contractual):			
Remunerations / Salary (CTC / Gross per month)		MA	
Reason(s) for Leaving		MA	

Details of Previous Employers (covering last 10 years)					
Company Name	HF	4			
Position Held	KA	·			
Department	MA				
Address (main office and branch where worked)	MA				
Telephone	M	A			
Employment Period: (date, i	month, year)	Employee Code:	Reporting details: Name: Position:		
Whether employment is of Agency Details (if temporary			Permanent × Temporary		
Remunerations / Salary (CTC / Gross per month)		MA			
Reason(s) for Leaving		NA			

References

Provide 2 refere	ences for background check			
Person 1	Adish Agarwal	Phone no.	9027312475	
Relationship	Foriend	Email.	adishaganwal 1920	mail.0m
Company	Google .			,
Person 2	Arjun Soota	Phone no.	9650676250	
Relationship	Friend	Email.	arjsoo ta Dogima	0n.60n
Company	Amazon			



Declaration

I hereby certify all of the statements made and information provided during the Zyla Health Pvt. Ltd. job application and interview process (including your Curricula Vitae (CV)) are true and complete and I understand that omission or misrepresentation of any fact may result in refusal of application or immediate dismissal.

I recognize that in connection with full-time employment with Zyla Health Pvt. Ltd., I may be the subject of a background enquiry by Zyla Health Pvt. Ltd. or its representative, an outside agency, and I hereby authorize the same.

Signed

[Name if sending the soft copy]

Name in Block Capitals

Date

Bradyum Bansal

PRADYUM BANCAL

MA49 2020

Authorization

I understand that Zyla Health Pvt. Ltd. may use an outside agency to verify and validate the information I have provided including my employment, my professional standing, work history and qualifications.

I understand that an outside background agency may obtain information it deems appropriate from various sources including, but not limited to, the following current and past employers, college records and professional and personal references.

I authorize, without reservation, any individual, corporation or other private or public entity to furnish Zyla Health Pvt. Ltd. and the outside background agency all information about me.

I unconditionally release and hold harmless any individual, corporation, or private or public entity from any and all causes of action that might arise from furnishing to Zyla Health Pvt. Ltd. and the outside agency, information that they may request pursuant to this release.

This authorization and release, in original, faxed or photocopied form, shall be valid for this and any future reports and updates that may be requested.

Signed

Date

[Name if sending the soft copy]

Name in Block Capitals

Bradyum Bansal PRADYUM BANSAL

11 Aug 2020