Profile Background Form

Please complete all information. Fields marked with a * are mandatory.

Note: Please avoid using short forms / abbreviations where ever possible.

| Personal Details | Client Name : | | Em | ployee ID: |
|--|--|--------------------------------|--------|---|
| | | (XII) | | |
| | *Middle Name: | | *1.0 | st Name/Surname: |
| *First Name: | | | | _ |
| Siddheshwar *Standard format of writi | VilayKur | mar | | JackaV |
| CASA STATE OF THE LOCAL PROPERTY OF THE LOCA | | | | |
| *Have you ever changed document) | d your name? MNo | Yes (Please | attac | ch a copy of the name change |
| If Yes, name change da | te: DD/MON/YYYY | 1 84' 1 11 81 | | Li ant Name (Company) |
| Previous Name(s) / Maiden Name (if applicable) | First Name | Middle Name | | Last Name/Surname |
| *Father's Name | First Name | Middle Name | | Last Name/Surname |
| 1 per 1 45 - 5 | Vilaykumas | Narsu | | Jadhav |
| Complete current | | | | Period of Stay (DD/MON/YYYY): |
| address: | Act. No. 103 | • | | *From: Jan-2022 |
| *City and Postal code | HITO Anonth | Heights A | bhi- | *To: 411.det ?. |
| *Landmark 1: | nov collage | | | |
| *Landmark 2: *Landline telephone | 411041. | () () | ,,, | |
| number: | 965735 | 10.30 | | P |
| Permanent Address: | † | | | Period of Stay (DD/MON/YYYY): |
| T Simulation that the second | At. Bawchi. | Tq-Renut | ur | |
| *City and Postal code | Dist-Latur | 2 41352 | 7 | 1311111 |
| *Landmark 1: *Landmark 2: | | | , | *To: +111 dote |
| *Landline telephone | latur-Ambelogai highway, Denasuqur. | | | |
| number: | | , | | · |
| *Gender: Male | ☐ Female | Marital Status: | | Single Married |
| *Date of Birth: (DD/MON/YYYY) | | *Nationality: Indian | | |
| 12-Jan-1990 | | SSN / TIN Number: | | |
| Contact Details | | Passport Details | | |
| Email: siddheshladhav 233809mNumber: | | | | |
| Home # 9370237960 | | Place of Issue: | | |
| *Photo Identification proof (Attach a copy) | | *Address proof (Attach a copy) | | ch a copy) |
| Passport | PAN card | Lease/rental | l agre | |
| Driver license | ✓ Voter ID | Land telepho | | ○ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Photo ID Number AD | 1767 24077 | Other Lig | Int. | 43111 |

Educational Qualifications

| Educational Record = Higher sheets | st Qualification - Pleas | e attach copy of d | egree certificate | and all year mark | |
|--|--|--------------------------------|-------------------------------------|---------------------------------|--|
| *College Name | College Name J.S.P.M. Hadopsar pune | | | | |
| *College Address and Contact Telephone JSPM Handewoodi rood, Hadpsar | | | *College City/State/Country Punそ | | |
| *University Name, Address, Savitribal Pha | | *University City/State/Country | | | |
| *From - To 内切っ 2816 (month / year) JU11-2012 | *Graduated ☑ Yes ☐ No | *Prog ☑ Full Time | gram Part Time | *Registration/Roll No. 26370 | |
| *Type of degree Post gradual | *Graduation date (month / year) *Subject Major Pug2010 - 2012-July mBA (mar) | | | | |
| *Copy of the Certificate Attached Yes No *Educated in Overseas: No Yes If yes, Unique identification number at Overseas (SSN/TIN): Given Name at Overseas: | | | | | |

Employment Details

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 Previous | s Employer - Plea | se attach a copy | of your relieving lef | ter/service certifica | ate | |
|--|-----------------------------------|--------------------------------------|--|-----------------------|------------|--|
| *Company Name: | Talentif | iers con | sulting p | | | |
| *Main office Addre | ess: | bac a ser | *Company Telepl | | | |
| opp- Hitex | main gate | 2, Hyudraboo | Company Websit | | | |
| *Reporting (branc | h) office Address: | | | od: (DD-MON-YYY | Y) | |
| Hiteh 200 | 9, obb-14 | 1466 MONI) | *From: May | 2020. | | |
| gate H | gate Hadrobad | | | Date | | |
| Job Details | | . 1 | Reporting Mana | | • | |
| *Position Held : 5 | *Position Held: SOFTware Engineer | | | *Name: mahesh Jeasti | | |
| *Department: #T. | | *Job Title: Team Lead | | | | |
| *Employee Code: TC-367-HYD-193786 | | *Department: TT | | | | |
| SSN (if applicable): | | *Present Contact Number: 040-7132757 | | | | |
| *Employment Type: Permanent Temporary | | | *Official Email ID: makesh.) @ Fulantifier | | | |
| *Agency Name and Details: | | | *Reason(s) for Leaving: | | | |
| (Temporary/contr | actual) | | personcy. | 7 financial | | |
| *Starting Base | *Other | *Total | *Final Base | *Other | *Total | |
| Salary 4.5 LPA | Compensation | 4.5 LPA | Salary 7.5 LPA | Compensation | 7.5 LPA | |
| *Is this current er | nployment?: 🛂 | ′es □ N | 0 | | | |
| If yes, mention da | ate when verificati | on can be initiated | d : (DD-MON-YYYY | 7) | | |
| Any other pertine | ent information: | | | | | |

| tCompany Name | | | acri a copy of you | r relieving letter/serv | ice certificate |
|---|------------------------|--|---|-------------------------|---|
| *Company Name |); | | A COLUMN TO THE | | |
| | | | | | |
| *Main office Add | ress: | | *Company Tele | phone(Landline): | |
| | | | | | |
| | | | Company Website: | | |
| *Reporting (bran | ch) office Address: | | Employment Pe | eriod: (DD-MON-YYY | Υ) |
| | | | *From: | | |
| | | | *To: | | |
| Job Details | | | Reporting Manager's Details | | |
| *Position Held: | | | *Name : | | |
| *Department: | | *Job Title : | | | |
| *Employee Code: | | *Department : | | | |
| SSN (if applicable): | | *Present Contact Number : | | | |
| *Employment Type: Permanent Temporary | | *Official Email ID : | | | |
| *Agency Name and Details: | | *Reason(s) for Leaving: | | | |
| (Temporary/con | tractual) | | | | |
| *Starting Base Salary | *Other Compensation | *Total | *Final Base Salary | *Other Compensation | *Total |
| Any other pertin | ent information: | | | | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | | | | |
| | | | | | |
| 动主义性 第 2 2 2 1 1 1 | CONTROL DATE | The state of the s | Relation Trail | | |

| Ur | nemployment History | |
|---|------------------------------|---|
| Please account for all periods of unemployr | ment for the last five years | 3 |
| Period: (DD-MON-YYYY) | *Reason: | |
| *From: *To: | | |
| Period: (DD-MON-YYYY) | *Reason: | |
| *From: *To: | | |
| Period: (DD-MON-YYYY) | *Reason: | v |
| *From: *To: | | |

Professional Reference Details

Note: Please attach more reference sheets if necessary

| Detail | | Reference 1 | | Reference 2 | |
|----------------------------------|--|---|--|---------------------------------------|------|
| *Reference Full Name | 7000 | ish Hargunde | 2114 | cas chavan | |
| *Designation | | soffware enger | | ar engeene | |
| *Company Name | The same of the sa | stance system | THE RESIDENCE AND ADDRESS OF THE PARTY OF TH | pro | |
| *Contact Telephone | 8421 | 938132 | 928 | 4149971 | |
| *Company Email Address | yogest | ·nargunde@persiste | nt.com | Vikaschavanzzod | moic |
| *How do you know this person? | F | riend | | friend | |
| *Can the reference be contacted? | ✓ Yes No | | ☑Yes ☐ No | | |
| Contacted? | | ase give the reason why an alternate reference | If No, ple why and reference | | |
| *Is the reference linked to | ☐ Yes | If yes, mention date reference can be | Yes | If yes, mention date reference can be | |
| current employment? | ⊠ No | contacted: | ₫ No | contacted: | |
| Additional information | | | | | |
| 1970-19-17-17-17-17 | | | | | |

Mandatory Supporting Documents/Instructions

Address check:

Location details along with 2 landmarks and landline telephone numbers

Education Check:

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

Bangalore University Specific

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

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

Credential Check:

Photocopy of certificate

Employment Check:

- Photocopy of Relieving/Experience/Service certificate of each employment.
- Latest month salary slip of each employment

Current Employment: Please do not fill details of the company verifying your background. Please fill latest/last employer's information other than for whom you are being verified.

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:

| 1. Tadhav | sidelheshwar | Judhav |
|-------------|--------------|---------------|
| (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.

Date: 02-07-2024

Candidate Signature

· Siddheshwors V. Jaelhav.

Name of the Candidate