



## PROFILE BACKGROUND FORM

Please fill all details. Fields marked with \* are mandatory.

Note: Please avoid using short forms / abbreviations wherever possible.

<b>PERSONAL DETAILS</b>		<b>CLIENT # :</b>	<b>EMPLOYEE ID:</b> Rx-050626
<b>NAME:</b>			
*First Name SARTHAK	*Middle Name	*Last Name/Surname SINGH	
*Standard format of writing the name: SARTHAK SINGH			
*Have you ever changed your name? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Please attach a copy of the name change document) If YES, name change date: DD/MM/YY			
Previous Name(s)/Maiden Name (If applicable)	First Name	Middle Name	Last Name/Surname
*Father's name AJAY SINGH	First Name AJAY	Middle Name	Last Name/Surname SINGH
<b>COMPLETE CURRENT ADDRESS:</b>		<b>Period of Stay (DD/MM/YY)</b>	
*Address: 111444-A STREET NO-3 SUBASH PARK		*From: NOV/2007	
*Landmark: NEAR KD FIELD SCHOOL *City: DELHI		*To: -	
*State: DELHI PIN 110032			
Landline Telephone Number:			
<b>PERMANENT ADDRESS:</b>		<b>Period of Stay (DD/MM/YY)</b>	
*Address: 111444-A STREET NO-3 SUBASH PARK EXT		*From: NOV/2007	
*Landmark: NEAR KD FIELD SCHOOL *City: DELHI		*To: -	
*State: DELHI PIN 110032			
Landline Telephone Number:			
*Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Married		
*Date of Birth: (DD/MM/YY)		*Nationality: INDIAN	
<b>CONTACT DETAILS</b>			
*Email: SARTHAK MINIMDA@gmail.com		*Mobile: 8076667520	
*Photo Identification Proof (Attach a copy)		*Address Proof (Attach a copy)	
<input type="checkbox"/> Passport <input checked="" type="checkbox"/> PAN Card <input type="checkbox"/> Driver License <input type="checkbox"/> Voter ID		<input type="checkbox"/> Lease/Rental Agreement <input type="checkbox"/> Bank Statement <input type="checkbox"/> Landline <input type="checkbox"/> Voter ID <input checked="" type="checkbox"/> Others: AADHAR CARD	
ID NUMBER LGWPS0850H			

Fields marked with \* are mandatory



# cFIRST be sure.

## PROFILE BACKGROUND FORM

### EDUCATIONAL QUALIFICATIONS

Note: Please attach more educational sheets if necessary  
Please fill all degree/educational qualification details and attach necessary documents.

<b>EDUCATIONAL RECORD – MASTER’S DEGREE / HIGHEST DEGREE</b> (Please attach copy of degree certificates and all year mark sheets)			
* College Name: <u>DELHI TECHNOLOGICAL UNIVERSITY</u>			
* College Address: <u>BAWANA Rd, DELHI TECHNOLOGICAL UNIVERSITY</u> <u>SHAHBADD AULATPUR VILLAGE, ROHINI, DELHI, 110042</u>			
City <u>DELHI</u>	State <u>DELHI</u>	Country <u>INDIA</u>	
Pin Code <u>110042</u>	Contact Number (Landline) <u>27871018</u>		
* University Name: <u>DELHI TECHNOLOGICAL UNIVERSITY</u>			
* University Address: <u>BAWANA RD, DELHI TECHNOLOGICAL UNIVERSITY</u> <u>SHAHBAD DAULATPUR VILLAGE, ROHINI</u>			
City <u>DELHI</u>	State <u>DELHI</u>	Country <u>INDIA</u>	
Pin Code <u>110042</u>	Contact Number (Landline) <u>27871018</u>		
* From (month & year) <u>AUGUST / 2017</u> * To (month & year) <u>JUNE / 2021</u>	* Graduated <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	* Program <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	* Registration No. <u>2K17/A14/1759</u>  Roll No. <u>2K17IAE159</u>
* Degree Name <u>BTECH</u>	* Subject Major <u>MECHANICAL WITH SPECIALIZATION IN AUTOMOBILE MECHANICAL WITH SPEC</u>		* Graduation Date Month <u>JUNE</u> Year <u>2021</u>
* Copy of the Certificate Attached <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
* Educated Overseas <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If YES, please mention Unique Identification Number at Overseas (SSN/TIN): _____ Given name at Overseas: _____			

Fields marked with \* are mandatory



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## PROFILE BACKGROUND FORM

### EDUCATIONAL RECORD – NEXT HIGHEST DEGREE

*(Please attach copy of degree certificates and all year mark sheets)*

\* College Name: \_\_\_\_\_

\* College Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Pin Code \_\_\_\_\_ Contact Number (Landline) \_\_\_\_\_

\* University Name: \_\_\_\_\_

\* University Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Pin Code \_\_\_\_\_ Contact Number (Landline) \_\_\_\_\_

\* From (month & year) \_\_\_\_\_

\* To (month & year) \_\_\_\_\_

\* Graduated

☐ YES

☐ NO

\* Program

☐ Full Time

☐ Part Time

\* Registration No. \_\_\_\_\_

Roll No. \_\_\_\_\_

\* Degree Name

\* Subject Major

\* Graduation Date

Month \_\_\_\_\_ Year \_\_\_\_\_

\* Copy of the Certificate Attached

☐ YES

☐ NO

\* Educated Overseas

☐ YES

☐ NO

If YES, please mention Unique Identification Number at Overseas (SSN/TIN): \_\_\_\_\_

Given name at Overseas: \_\_\_\_\_

Fields marked with \* are mandatory



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**PROFILE BACKGROUND FORM**

<b>DETAILS OF PREVIOUS EMPLOYERS</b>	
<i>Please attach a copy of your Relieving letter/Service Certificate</i>	
* Company Name: _____	
* Main Office Address: _____ _____	
Pin Code _____ Contact Number (Landline) _____	
Website _____	
* Reporting Branch Office Address: _____ _____	
Pin Code _____ Contact Number (Landline) _____	
<b>JOB DETAILS</b>	
Employment Period: * From <u>DD / MM / YYYY</u> * To <u>DD / MM / YYYY</u>	
* Designation: _____ * Department: _____	
* Employee ID/Code: _____ * Employment Type <input type="checkbox"/> Permanent <input type="checkbox"/> Contractual	
* Salary (CTC): _____	
<b>REPORTING MANAGER'S DETAILS</b>	<b>AGENCY NAME &amp; DETAILS (if contractual)</b>
* Name: _____	* Agency Name: _____
* Designation: _____	* Address: _____ _____
* Department: _____	* Contact No: _____
* Present Contact No: _____	* Email ID: _____
* Official Email ID: _____	
* Reason(s) for Leaving: _____	
* Is this your current employment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, mention date when verification can be initiated: <u>DD / MM / YYYY</u>	
Any other pertinent information: _____ _____ _____	

Fields marked with \* are mandatory



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## PROFILE BACKGROUND FORM

<b>EDUCATIONAL RECORD – NEXT HIGHEST DEGREE</b> <i>(Please attach copy of degree certificates and all year mark sheets)</i>			
* College Name: _____			
* College Address: _____ _____			
City _____	State _____	Country _____	
Pin Code _____	Contact Number (Landline) _____		
* University Name: _____			
* University Address: _____ _____			
City _____	State _____	Country _____	
Pin Code _____	Contact Number (Landline) _____		
* From (month & year) _____	* Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO	* Program <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	* Registration No. _____  Roll No. _____
* To (month & year) _____			
* Degree Name	* Subject Major	* Graduation Date Month _____ Year _____	
* Copy of the Certificate Attached	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
* Educated Overseas	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If YES, please mention Unique Identification Number at Overseas (SSN/TIN): _____			
Given name at Overseas: _____			

Fields marked with \* are mandatory



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## PROFILE BACKGROUND FORM

<b>UNEMPLOYMENT HISTORY (if any)</b> <i>Please account for all periods of unemployment for the last five years</i>	
* From DD / MM / YYYY * To DD / MM / YYYY	* Reason:
* From DD / MM / YYYY * To DD / MM / YYYY	* Reason:
* From DD / MM / YYYY * To DD / MM / YYYY	* Reason:

### **PROFESSIONAL REFERENCE DETAILS**

*Note: Please attach more reference sheets if necessary. Reference of your family/ friend is not applicable.*

Details	Reference 1	Reference 2
* Reference Full Name		
* Designation		
* Company Name		
* Contact Number		
* Company Email Address		
* How do you know this person?		
* Can the reference be contacted?	<input type="checkbox"/> YES <input type="checkbox"/> NO  If NO, please give the reason why and provide alternate reference	<input type="checkbox"/> YES <input type="checkbox"/> NO  If NO, please give the reason why and provide alternate reference
* Is the reference linked to current employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, please mention the date when the reference can be contacted:	<input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, please mention the date when the reference can be contacted:
Additional Information		



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**PROFILE BACKGROUND FORM**  
**EMERGENCY CONTACT FORM**

**MEDICAL INFORMATION**

Illness if any : .....  
Current Medication : .....  
Blood group : .....  
Doctor's Name : .....  
Doctors contact details : .....

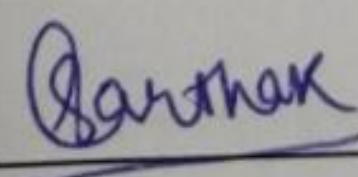
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**EMERGENCY CONTACT DETAILS**

**Contact 1 - Name** : AJAY SINGH  
**Relationship** : FATHER  
**Contact details** : 9868875571

**Contact 2 - Name** : NEENA SINGH  
**Relationship** : MOTHER  
**Contact details** : 8178 909974

**Date** 24 JUNE 2021

**Candidate's Signature** 





## PROFILE BACKGROUND FORM

### MANDATORY SUPPORTING DOCUMENTS/INSTRUCTIONS

ADDRESS CHECK	<ul style="list-style-type: none"><li>Location details along with 2 landmarks &amp; landline telephone numbers</li></ul>
EDUCATION CHECK	<ul style="list-style-type: none"><li>Photocopy of the degree certificate and final year mark sheet</li><li>Registration number or Enrollment Number</li></ul> <p><b><u>Bangalore University Specific</u></b></p> <ul style="list-style-type: none"><li>Photocopy of both sides of the degree certificate (The reverse side of the certificate has some information which the University would require).</li><li>Copies of Mark sheets / Grade Card for all the years of attendance.</li></ul> <p>Reg. No., College Name &amp; College contact details are mandatory.</p>
EMPLOYMENT CHECK	<ul style="list-style-type: none"><li>Photocopy of Relieving / Experience Certificate of each employment</li><li>Latest month Salary Slip of each employment</li></ul> <p><b><u>Current Employment:</u></b> 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.</p>
REFERENCE CHECK	<ul style="list-style-type: none"><li>Details provided must be of the Reporting Manager at the previous company. Please provide full name, designation, landline telephone numbers and official email ID.</li></ul>
CRIMINAL RECORD CHECK	<ul style="list-style-type: none"><li>Signed Profile Background Form (First page of this document)</li><li>Passport size photographs – 3</li><li>Photo Identification Proof</li><li>Address Proof</li><li>CID form duly filled and signed ( Where Applicable)</li></ul>



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**PROFILE BACKGROUND FORM**

**INFORMATION RELEASE FORM / CONSENT**

To Whom It May Concern,

I, SINGH SARTHAK \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Hereby authorize, **cFirst Background Checks LLP** and/or any of its subsidiaries or affiliates or partners or vendors, and any persons or organizations acting on its behalf, to verify information presented on my employment application and to compile a background report for that purpose. I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous employment & Criminal records held by any company or business for which I previously worked. This information should include, but not be restricted to, the dates of employment, designation, details of my salary upon departure and an appraisal of my performance, capabilities and character. I hereby release from liability, all persons or entities requesting or supplying such information.

Date: 24 JUNE 2024

Candidate's Signature

Location: NOIDA

Sarthak