

### Background Verification Form

Employee Code - 45542		Employee Location - Pune	
<b>PERSONAL DETAILS</b>			
<b>Name of Applicant (Mandatory)</b> Surname (Mandatory) - Jadhav Middle (Mandatory) - Mukund First (Mandatory) - Sahil			
Maiden Name :			
Have you ever been known by another name?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If Yes, please write the other name:	
Place of Birth: (Mandatory) Pune		Date of Birth (dd/mm/yy): (Mandatory) 15/12/1999	
Sex: Male		Nationality: Indian	
Father's Name (Mandatory) Mukund		Passport No. S2713239	SSN No. (Mandatory for US address)
Home Phone		Office Phone	Mobile - 9552534350  Email id- jadhusahil1512@gmail.com

<b>RESIDENTIAL ADDRESS</b>	
Permanent Address - Mangalmurti Niwas, Indralok Colony, Gondhwa Nagri, Nashi	
City: Pune	State: Maharashtra
Pin Code: 412105	Nearest Landmark: Gayatri School
Name of the contact person at the address: Mukund Jadhav	
Relationship of contact person: Father	
Landline No.	Mobile No. 9552546350

Nature Of Location: Rented/Owned/Others <b>Owned</b>	Preferred time of the day for conducting the verification, if any :
Residing Since (Mandatory): <b>15 Dec 1999</b>	Residing Till ( Mandatory): <b>Till Date</b>

### EDUCATION RECORD

**EDUCATION RECORD (Start with the latest/ highest qualification; please attach photocopies of the documents ) All fields are mandatory**

Name & Address of School/College/ Institute	Name & Address of University its affiliated	Type of Degree/Diploma obtained. State "F" for fulltime and "P" for parttime within brackets	Dates Attended From To		Roll Number/Registration Number/Exam Seat number
Savitribai Phule Pune University Pune	Savitribai Phule Pune University Pune	B.Sc. Computer Science	July 2017	April 2020	Rdlno. 11612 Reg No - 1108105930
HSC Board	HSC Board	12th	July 2015	Fed 2017	Seat No. P026972
CBSE Board	CBSE Board	10th	June 2008	March <del>2015</del> 2015	Seat No 4119052
Savitribai Phule Pune University Pune	Savitribai Phule Pune University Pune	Master in Computer Application	June 2020	Pursuing	

**EMPLOYMENT RECORD**

If you are associated with family business or having own business, please mention "Self Employed" against respective tenure

If your payroll company and deputed company are different, please share details of payroll company

If you are still employed in this organization, please fill in the date before which you would not like the verification to be initiated in the "To" column. If you are not sure or would like to intimate this date later, please write 'Still Employed'

<b>Employer 1</b> Full Name - Infodeal Technologies		<b>Employee ID</b> 13110	<b>From (mm/yy)</b> 06/2019	<b>To (mm/yy)</b> Till Date
Address - 2 <sup>nd</sup> floor, Surekha Apt., Near Dena Bank, Swargate, Pune - 411037			<b>Phone Number</b>	
<b>City</b> Pune	<b>State</b> Maharashtra	<b>Country</b> India	<b>Postal Code</b> 411037	
<b>Job Title</b> - Associate OA Engineer		<b>Reason of Leaving</b> - Compensation		
<b>Designation</b> - Associate		<b>Final Salary (Annual CTC)</b> - 4,20,000		
<b>Supervisor Name &amp; Title</b> - Ganesh Patil, Senior Manager		<b>HR Manager Name</b> - Mayuri Chavan		
<b>Supervisor's Phone Number</b> 7796280770		<b>HR Manager Phone Number</b> 020-48609243		



# Information Release Form

To Whom It May Concern:

Please print

I Sachav Sahil Mukund  
Last name First name Middle name

I hereby authorize KPMG or their representatives to verify information presented on my employment application/resume and to procure an investigative report or consumer 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 record held by any company or business for whom I previously worked. This information should include the dates of employment; the nature of the position held, [details of my salary upon departure] and an appraisal of my performance, capabilities and character. In addition, please provide any other pertinent information requested by the individual presenting this authority. I hereby release from liability all persons or entities requesting or supplying such information.
- of my qualification/degree (copy of my certificates attached)
- information in respect to my character from the records maintained by local authorities

Signature: 

Date: 11/06/2022  
dd / mm / yyyy