

# EMPLOYEE BACKGROUND VERIFICATION FORM

**COMPANY FULL NAME : Wortgage Technologies Pvt Ltd**

Please note that it is mandatory for you to complete the form in all respects. The information you provide must be complete and correct and the same shall be treated in strict confidence. The details on this form will be used for all official requirements should you join the organization.

Position applied for		Job Location					
LOAN OFFICER		KORAMANGALA 8TH BLOCK B'LORE					
<b>Personal Information</b>							
Full Name (First, Middle, Last) SWATI SOMA MESTA		Former Name / Maiden Name (if Applicable)					
Father's Name SOMA MESTA		Date of Birth (DD/MM/YY) <b>17-01-1995</b>					
Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Social Security Number (if applicable)	Nationality INDIAN	Marital Status SINGLE				
<b>Current Address</b>		<b>Period of stay</b>					
Door No / Plot No <b>113 17TH MAIN ROAD</b>	From (Month/Year)  2 YEARS		Residence Landline Number  <b>NA</b>  Mobile number  <b>9448004604</b>				
Premises Name <b>SHANTERI NILAYA</b>							
Floor <b>2ND FLOOR</b>							
Cross / Main / Street <b>17TH MAIN ROAD</b>							
Village Name <b>DEVARAKATTE KULKOD</b>							
Post <b>MUGWA</b>							
Taluk <b>HONNAVARA</b>							
District <b>UTTAR KANNADA</b>							
State <b>KARNATAKA</b>							
Prominent Landmark <b>NEAR MUDRIYELLAMMA TEMPLE</b>	To (Month/Year)						
<b>Permanent Address</b>		<b>Period of stay</b>					
Door No / Plot No <b>NO 38</b>	From (Month/Year)  25 YEARS		Residence Landline Number  Mobile number  <b>9448004604</b>				
Premises Name <b>SHANTERI NILAYA</b>							
Floor <b>NA</b>							
Cross / Main / Street <b>NA</b>							
Village Name <b>DEVARAKATTE KULKOD</b>							
Post <b>MUGWA</b>							
Taluk <b>HONNAVARA</b>							
District <b>UTTAR KANNADA</b>							
State <b>KARNATAKA</b>							
Prominent Landmark <b>NEAR MUDRIYELLAMMA TEMPLE</b>	To (Month/Year)						
<b>Education Qualification - Please attach copy of Degree and Final year mark sheet</b>							
College Name & Address  <b>1 NEW ENGLISH SCHOOL</b>		University Name & Address  <b>KARNATAKA SECONDARY EDUCATION BOARD</b>		<b>Dates Attended</b>		Qualification Gained	ID /Roll No
				From dd/mm/yy  <b>04-10</b>	To dd/mm/yy  <b>04-11</b>		
				<input type="checkbox"/> Full Time	<input type="checkbox"/>		

College Name & Address	University Name & Address	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
2 SDM PRE-UNIVERSITY COLLEGE	KARNATAKA PU EDUCATION BOARD- BENGALURU	dd/mm/yy 04-11	dd/mm/yy 04-13	<input type="checkbox"/> Full Time <input type="checkbox"/>	207
College Name & Address	University Name & Address	Dates Attended		Qualification Gained	ID /Roll No
3 SDM DEGREE COLLEGE HONNAVAR	DHARWAD UNIVERSITY	dd/mm/yy 04-13	dd/mm/yy 04-16	<input type="checkbox"/> Full Time <input type="checkbox"/>	227
College Name & Address	University Name & Address	Dates Attended		Qualification Gained	ID /Roll No
4		From dd/mm/yy	To dd/mm/yy	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

Please tick mark the documents submitted for this qualification along with this form

Marksheets       Degree Certificate

Previous Employment History - Please attach a copy of your relieving letter/service certificate								
Name of Current Employer - 1 (Last Company) INTELENET GLOBAL SERVICES			Address of Current Employer HEBBAL, KEMPAPURA, BANGALORE 560024					
Telephone No	Employee Code/No		Designation	CUSTOMER SUPPORT EXECUTIVE			Department	CUSTOMER SUPPORT
Employment Period		Manager's Name			Manager's Contact No		Can a reference taken now?	
From 08-16	To 12-17				Manager's Email ID		<input type="checkbox"/> <input checked="" type="checkbox"/> No	
Duties & Responsibilities (EUREKA FORBES PROCESS) HANDELLING CUSTOMER QUIRIES					Reasons for leaving SHIFTED TO SOME OTHER LOCATION COULDN'T TRAVEL HENCE LEFT THE JOB			
First Salary drawn 150000	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> <input type="checkbox"/>	Agency Details (if temporary or contractual), provide details						
Last Salary drawn 150000								
Please tick mark the documents submitted for this employment <input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/>								
Previous Employment History - Please attach a copy of your relieving letter/service certificate								
Note: Please ensure that you are descriptive wherever necessary – e.g. If company has closed, do mention it. Employee Code/ ID/ Number is mandatory. If your previous employer did not provide one, please mention and state reasons for the same.								
Name of Employer (2) HOME CREDIT INDIA PRIVATE LIMITED			Address of Employer ELECTRONIC CITY, BANGALORE 560100					
Telephone No	Employee Code/No 00089957		Designation	Tele Sales Operator			Department	TELE SALES
Employment Period		Manager's Name DILEEP TIRUPATI			Manager's Contact No			
From 02-18	To 09-18				Manager's Email ID			
Duties & Responsibilities TELE SALES-- PERSONAL LOANS, PROCESSING OF PERSONAL LOANS,					Reasons for leaving MEDICAL ISSUE			
First Salary drawn 186000	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> <input type="checkbox"/>	Agency Details (if temporary or contractual), provide details						
Last Salary drawn 186000								
Please tick mark the documents submitted for this employment <input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/>								

Previous Employment History - Please attach a copy of your relieving letter/service certificate					
Name of Employer (3) SHADOWFAX TECHNOLOGIES		Address of Employer KORAMANAGALA 5TH BLOCK 560095			
Telephone No	Employee Code/No SX0026	Designation CALL CENTER AGENT			Department OPERATIONS
Employment Period From 10-18 To 11-19		Manager's Name KARAN RAO			Manager's Contact No
					Manager's Email ID
Duties & Responsibilities RESOLVING CUSTOMER BASED QUIERIES REGARDS TO DELIVERY PICKUP, CO-ORDINATING WITH HUB MANAGERS FOR THE PRODUCTS			Reasons for leaving CAREER GROWTH		
First Salary drawn 216000/- PA	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> <input type="checkbox"/>	Agency Details (if temporary or contractual), provide details			
Last Salary drawn 216000/- PA					
Please tick mark the documents submitted for this employment <input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/>					
<b>Documents Required (Mandatory)</b>					
<u>Education:</u> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Photocopy of degree certificate and final mark sheet of all examinations</li> </ul>					
<u>Employment:</u> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Photocopy of relieving / experience letter for each employer mentioned in the form</li> </ul>					
<u>Government Identity or Address Proof:</u> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Passport Copy / Driving License / Voter ID / Aadhaar Card / Bank Passbook</li> </ul>					
<b>Declaration and Authorization</b>					
I hereby authorize GoldQuest Global HR Services Private Limited and its representative to verify information provided in my application for employment and this employee background verification form, and to conduct enquiries as may be necessary, at the company's discretion. I authorize all persons who may have information relevant to this enquiry to disclose it to GoldQuest Global HR Services Pvt Ltd or its representative. I release all persons from liability on account of such disclosure.					
I confirm that the above information is correct to the best of my knowledge. I agree that in the event of my obtaining employment, my probationary appointment, confirmation as well as continued employment in the services of the company are subject to clearance of medical test and background verification check done by the company .					
Signature: <u>SWATI</u>					
Name: <u>SWATI SOMA MESTA</u>			Date: _____		



भारतीय वैशिष्ट्य गुरुत्व व्याधिकार

भारत सरकार  
Unique Identification Authority of India  
Government of India

नेंद्रावचे कृम नंबर / Enrollment No. : 0804/16212/40885

To  
**SWATI SOMA MESTA**

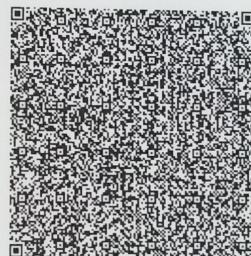
ಸ್ವತಿ ಸೋಮಾ ಮೇಸ್ಟಾ  
DEVARAKATTE  
HONNAVAR  
Kulakod  
Mugva, Uttara Kannada,  
Karnataka - 581334  
9108136562

15/01/2013

759366688



KA759366685FH



ನಿಮ್ಮ ಆರ್ಥಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**7386 0777 0655**

**ನನ್ನ ಆರ್ಥಾರ್, ನನ್ನ ಗುರುತು**



भारत सरकार

Government of India

ಸ್ವತಿ ಸೋಮಾ ಮೇಸ್ಟಾ

ಜನ್ಮ ದಿನಾಂಕ / DOB: 17/01/1995

ಸ್ತ್ರೀ / Female



**7386 0777 0655**

**ನನ್ನ ಆರ್ಥಾರ್, ನನ್ನ ಗುರುತು**

OPPO F11

आयकर विभाग

INCOME TAX DEPARTMENT

SWATHI SOMA MESTA

SOMA PURUSAYYA MESTA

17/01/1995

Permanent Account Number

CQBPMP9880P



Signature



भारत सरकार

GOVT. OF INDIA



OPPO F11