

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

PARTNER RELATIOSNHIP MANAGER

BANAGALORE

Personal Information

Full Name (First, Middle, Last)		Former Name / Maiden Name (if Applicable)	
S ZEESHAN SHERIFF			
Father's Name		Date of Birth (DD/MM/YY)	
A.Z SULTHAN SHERIFF		14-04-1991	
Gender	Social Security Number (if applicable)	Nationality	Marital Status
<input type="checkbox"/> Male <input type="checkbox"/> Female		INDIAN	UNMARRIED
Current Address		Period of stay	Contact Details for Verification
Door No / Plot No	FLAT NO,501	From (Month/Year) 1 June 2020	Residence Landline Number
Premises Name	SLV PRIDE APPARTMENT		
Floor	5TH FLOOR		
Corss / Main / Street	2ND CROSS 8TH BLOCK		
Village Name			
Post		To (Month/Year) June 2023	Mobile number
Taluk			
District			
State	KARNATAKA		
Prominent Landmark	BDA COMPLEX		
Permanent Address		Period of stay	Contact Details for Verification
Door No / Plot No	57		

Premises Name		From (Month/Year) April 1994	Residence Landline Number
Floor			
Corss / Main / Street	SAIBANSA KOLLA 1 ST STREET		
Village Name			
Post		To (Month/Year) May 2016	Mobile number 8660116067
Taluk	AMBUR		
District	THIRAPATTUR		
State			
Prominent Landmark			

Education Qualification - Please attach copy of Degree and Final year mark sheet

College Name & Address	University Name & Address	Dates Attended	Qualification Gained	ID /Roll No
		From		
1 MAZHAR	THIRUVALLUR UNIVERSITY	dd/mm/yy 13/03/201024/032013	BS .(CS) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

College Name & Address	University Name & Address	Dates Attended	Qualification Gained	ID /Roll No
		From		
VALILANKANNI MATRIC HR SEC SCHOOL		dd/mm/yy 03/03/201121/03/2012	12TH STD	

[illegible]

			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Please tick mark the documents submitted for this qualification along with this form			
<input type="checkbox"/> Marksheet	<input type="checkbox"/> Provisional Certificate	<input type="checkbox"/> Degree Certificate	<input type="checkbox"/> None

Previous Employment History - Please attach a copy of your relieving letter/service certificate				
Name of Current Employer - 1 {Last Company} INDIANMONEY.COM		Address of Current Employer SHANTI NAGAR BUS STOP OPPOSITE		
Telephone No	Employee Code/No	Designation RELATIONSHIP MANAGER	Department INSURANCE DEPARTMENT	
Employment Period		Manager's Name	Manager's Contact No	Can a reference taken now? <input type="checkbox"/> Yes <input type="checkbox"/> No
From	To	md shaikh	Manager's Email ID	
Duties & Responsibilities		Reasons for leaving		
First Salary drawn	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details		
Last Salary drawn				
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"/>				

<input type="checkbox"/> None			
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)		Address of Employer	
Telephone No	Employee Code/No	Designation	Department
Employment Period		Manager's Name	
From	To		
Duties & Responsibilities		Reasons for leaving	
First Salary drawn	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details	
Last Salary drawn			
Please tick mark the documents submitted for this employment <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> None </div>			

Previous Employment History - Please attach a copy of your relieving letter/service certificate			
Name of Employer (3)		Address of Employer	
Telephone No	Employee Code/No	Designation	Department
Employment Period		Manager's Name	
From	To		
Duties & Responsibilities		Reasons for leaving	
First Salary drawn	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details	
Last Salary drawn			
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"/> <input type="checkbox"/> None			
Documents Required (Mandatory)			
<u>Education:</u> <ul style="list-style-type: none"> ● Photocopy of degree certificate and final mark sheet of all examinations 			
<u>Employment</u> <ul style="list-style-type: none"> ● Photocopy of relieving / experience letter for each employer metioned in the form 			
<u>Government Identity or Address Proof</u>			

● Passport Copy / Driving License / Voter ID / Aadhaar Card / Bank Passbook

Declaration and Authorization

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: S ZEESHAN SHERIFF

Name: S ZEESHAN SHERIFF

25-05-2021

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

S ZEESHAN SHERIFF

SULTHAN SHERIFF

14/04/1991

Permanent Account Number

AAXPZ7752R

S. Zeeshan Sheriff

Signature



21012012



सत्यमेव जयते
வாய் வரகர



आधार

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

இந்திய அரசாங்கம்
Unique Identification Authority of India
Government of India

பதிவு அடையாளம் / Enrollment No. : 2007/23367/44169

10/10/2013

To
S Zeeshan Sheriff
எஸ் ஜிஷான் ஷரீப்
S/O: A Z Sulthan Sheriff
NO 52/57
NATAMKAR SAIBANSA KOLLA 1ST STREET
AMBUR
Ambur
Ambur, Vellore
Tamil Nadu - 635802
9944001825



KL386445299FT

38644529



உங்கள் ஆதார் எண் / Your Aadhaar No. :

6526 5961 5859

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



இந்திய அரசாங்கம்

Government of India



எஸ் ஜிஷான் ஷரீப்
S Zeeshan Sheriff

பிறந்த நாள்/DOB: 14/04/1991
ஆண்பால் / Male

6526 5961 5859



ஆதார் - சாதாரண மனிதனின் அதிகாரம்