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 ap	pplied for				Job Location		
Accounts Executive				Bangalore				
7 toodanto Excoutivo					Dangaloro			
Personal Information								
Full Name (First, Middle Veda Pattanshetti	, Last)			Former Name /	Maiden Nam	e (if Applicable)		
Father's Name	.atti			Date of Birth (D 20-07-1994	DD/MM/YY)			
Rajashekhar K Pattanshetti Gender Social Security Number (if applicable)			Nationality			Marital Status		
Gerider □ Male			Indian			Marital Status		
Female					Unmarried			
Tomalo	Current Add	ress		Period of stay		Contact Details for \	/erification	
Door No / Plot No	#504			,,				
Premises Name	Krishna Ladies PG		From (Month/Year)		Residence Landline Number			
Floor	1st Floor			15-03-2020	•	NA		
Corss / Main / Street	2nd Cross							
Village Name	8th Block, Ko	ramangala						
Post	8th Block, Ko			To (Month/Year)		Mobile number		
Taluk	Bangalore			Present		9606599008		
District	Bangalore		1	riosone				
State	Karnataka		1					
Prominent Landmark			-					
		<u></u>	ı					
	Permanent A	Address		Period of stay		Contact Details for \	/erification	
Door No / Plot No	#680		1					
Premises Name			From (Month/Year)		Residence Landline Number			
Floor	oor Ground Floor							
Corss / Main / Street	Corss / Main / Street Angadi Street		Nov-94		NA			
Village Name	Soppadla							
Post	Soppadla			To (Month/Year)		Mobile number		
Taluk	Savadatti			May-12		9845964132		
District	Belagavi							
State	Karnataka							
Prominent Landmark	Nnear Basaveshwara Temple					<u> </u>		
Education Occiliantion	Disease effects	f Dames and Final area				_		
- College Name & A		copy of Degree and Final year University Name & Addi		Dates Atte	andad	Qualification Gained	ID /Roll No	
Oonege Hame a A	uuicss	Offiversity Name a Addi	1033	From	То	Quantication Camea	ID /Roll No	
1				dd/mm/yy	dd/mm/yy			
Indian Institute of Chartere of India (ICAI)	d Accountant	Indian Institute of Chartered Acc India (ICAI) - Bangalore Branch	countant of	Jul-15			SRO0565368	
16/O, Millers Rd, Tank Bed Area, Vasanth Nagar, Bengaluru, Karnataka		16/O, Millers Rd, Tank Bed Area, Vasanth Nagar, Bengaluru, Karnataka 560052		041 10			5.10500000	
						■ Full Time □ Part Time		

College Name & Address	University Name & Address Dates Attended			Qualification Gained	ID /Roll No	
		From	То			
2			dd/mm/yy			
Jindal Degree College for Womens	Bangalore University	aannin j	au, i i i i i j			
	Dangalore Offiversity					
Tumkur Rd, Jindal Nagar, Anchepalya,		M 10	M45	First Ore de	020705	
Bengaluru, Karnataka 560073		May-12	May-15	First Grade	639765	
				■ Full Time		
				Full Time		
				☐ Part Time		
			•			
College Name & Address	University Name & Address	Dates Atte	ended	Qualification Gained	ID /Roll No	
Conlege Name a Address	omversity name a nadress		То	Quannoution Gamea	15 mon no	
3		dd/mm/yy	dd/mm/yy			
				☐ Full Time		
				□ Part Time		
				I □ Part lime		
				T dit Tillio		
College Name & Address	University Name & Address	Dates Atte	ended	Qualification Gained	ID /Roll No	
College Name & Address	University Name & Address				ID /Roll No	
	University Name & Address	From	То		ID /Roll No	
College Name & Address	University Name & Address				ID /Roll No	
	University Name & Address	From	То		ID /Roll No	
	University Name & Address	From	То		ID /Roll No	
	University Name & Address	From	То		ID /Roll No	
	University Name & Address	From	То		ID /Roll No	
	University Name & Address	From	То		ID /Roll No	
	University Name & Address	From	То		ID /Roll No	
	University Name & Address	From	То		ID /Roll No	
	University Name & Address	From	То		ID /Roll No	
	University Name & Address	From	То		ID /Roll No	
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	University Name & Address	From	То		ID /Roll No	
	University Name & Address	From	То		ID /Roll No	
	University Name & Address	From	То	Qualification Gained	ID /Roll No	
	University Name & Address	From	То	Qualification Gained	ID /Roll No	
	University Name & Address	From	То	Qualification Gained	ID /Roll No	
4		From dd/mm/yy	То	Qualification Gained	ID /Roll No	
4		From dd/mm/yy	То	Qualification Gained	ID /Roll No	
4	University Name & Address tted for this qualification along with this form	From dd/mm/yy	То	Qualification Gained	ID /Roll No	
Please tick mark the documents submi	tted for this qualification along with this form	From dd/mm/yy	То	Qualification Gained Full Time	ID /Roll No	
Please tick mark the documents submi	tted for this qualification along with this form	From dd/mm/yy	То	Qualification Gained	ID /Roll No	
Please tick mark the documents submi	tted for this qualification along with this form	From dd/mm/yy	То	Qualification Gained Full Time	ID /Roll No	
Please tick mark the documents submi	tted for this qualification along with this form	From dd/mm/yy	То	Qualification Gained Full Time	ID /Roll No	
Please tick mark the documents submi	tted for this qualification along with this form	From dd/mm/yy	То	Qualification Gained Full Time	ID /Roll No	
Please tick mark the documents submi	tted for this qualification along with this form	From dd/mm/yy	То	Qualification Gained Full Time	ID /Roll No	

Previous Employ	ment History - Ple	ase attach a co	py of your relieving	g letter/serv	vice certificate				
			Address of Current Employer						
				D-45,74A, Second Floor, Near ABB Building, Rajajinagar Industrial Estate					
SKAB and Associates - Chartered Accountant			Bangalore	Bangalore 560044					
Telephone No Employee Code/No		Designation	Designation		Department				
SKAB010			Paid Assistant			Accounts, Audit and Tax			
Employment Period Manager's Name		Manager's Contact No		ct No		Can a reference taken now?			
From	То				8951973699				
01-01-2019 30-09-2019		019 Mahesh Ba	Mahesh Babu KN		Manager's Email I	ID		□Yes	
			mahesh.babu@skab.in		■No				
Duties & Responsi	bilities				Reasons for leavi	ng			
Accounts, Audit, In	come Tax, Indirect	taxes and other	r assignments		Due to exam				
First Salary drawn		Was this P	Was this Position		Agency Details (if temporary or contractual), provide details				
25000		■ Perma							
Last Salary drawn		□Tempo	-						
25000		□ Contra							
Please tick mark th			· · _			-			
☐ Service Certi	ficate	☐ Relieving lo	etter 🗆	Offer lette	r	Any Othe			
□ None		<u> </u>				(please s	ресіту)		
Previous Employ	ment History - Ple	ase attach a cop	by of your relieving le	etter/service	certificate				
	-							LUBIN I I I I I I	
			ever necessary – e ention and state rea			o mention it.	Employee Co	de/ ID/ Number is mandatory. If your	
Name of Employe		one, piease me	ention and State rea		Address of Employer				
	- (-)			D-45,74A, Second Floor, Near ABB Building, Rajajinagar Industrial Estate					
SKAB and Associa	ates - Chartered Ac	countant		Bangalore 560044					
	T					T			
Telephone No	Employe	: Code/No		Designation		Department			
SKAB010		Article Assistant			Accounts, Audit and Tax				
		Manager's Name			Manager's C	er's Contact No			
_	To		Wanager 3 Name	=		9845962444			
		018	CA sunilkumar AB				Manager's Email ID		
		o, t carmitariar 7 ib			_	sunilkumarab@skab.in			
Duties & Responsi	hilities				Reasons for leavi	ı	<u> </u>		
Duties & Responsibilities Accounts, Audit, Income Tax, Indirect taxes and other assignments			On completion of articleship						
nocounts, nount, monte rax, multest taxes and other assignments									
First Salary drawn		Was this P	osition	Agency D	etails (if temporary	or contractua	al), provide deta	nils	
5000 ■ Perman		inent							
Last Salary drawn		□Tempo	□Temporary						
10000									
Please tick mark th									
■ Service Certificate □ Relieving letter □				Offer lette	r	☐ Any Othe			
□ None			(please specify)						

Previous Employment His	story - Please attach a	copy of your relieving le	etter/service certificate				
Name of Employer (3)			Address of Employer				
Telephone No	Employee Code/No		Designation		Department		
Telephone No	Employee Code/No		Designation		Department		
Employme	ent Period	Manager's Name		Manager's	Contact No		
From	To						
	1.5			Manager's I	Manager's Email ID		
Duties & Responsibilities		<u> </u>	Reasons for	eaving			
First Salary drawn	Was this	s Position	Agency Details (if tempo	ron, or contract.	all provide details		
First Salary drawn		manent	Agency Details (ii tempo	iary or contractu	al), provide details		
Last Salary drawn		nporary					
	□Cor	tractual					
Please tick mark the docum		· · · _		_			
☐ Service Certificate	□ Relievin	g letter	Offer letter	☐ Any Of			
□ None				(please s	specify)		
Documents Required (Ma	ndatory)						
Education:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	ertificate and final mark	sheet of all examination	ins				
i neteropy or dogree o							
<u>Employment</u>							
Photocopy of relieving	/ experience letter for e	ach employer metioned	d in the form				
Government Identity or Address Proof							
Passport Copy / Driving License / Voter ID / Aadhaar Card / Bank Passbook							
Dealers they and Authorized his							
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.							
oriquity to discisso it to con	a quoti olobal i ii con	Too I We Lia of No Topic	ocomativo. I rologoo alli po		y on addeding of each alcoholdre.		
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.							
well as continued employing	CITC III GIO SCI VICOS OI GI	c company are subject	to cicarance of medical to	ot and backgroun	The verification effects done by the company.		
- 11	0.0						
llu							
Signature:							
Name: Veda Pattar	nshetti			Date:	24-05-2021		
Name: Veda Pattar	ionetti			Dale.	24-00-2021		

The Institute of Chartered Accountants of India

(Setup by an Act of Parliament)

STUDENT SECTION

Student Registration No.: SRO0565368

To, MS. VEDA PATTANSHETTI NO 607 1ST MAIN ROAD, 2ND CROSS NEAR JAJIN TEMPLE, T DASARAHALLI, BENGALURU, KARNATAKA INDIA

PinCode: 560057

Subject:- Completion of Articled Service of MS. VEDA PATTANSHETTI.

Dear Student,

This is with reference to papers submitted by you for the Completion of articles of MS. VEDA PATTANSHETTI (SR00565368).

We have since noted in our records that MS. VEDA PATTANSHETTI (SRO0565368) has Completion the Articles period on 31-DEC-2018.

This is system generated letter, hence no signature is required.

For

Institute of Chartered Accountants of India REF: 77471521 3/8/2019 8:15:03 PM

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ಭಾರತ ಸರ್ಕಾರ Government of India

ವೇದಾ ರಾಜಶೇಖರ ಪಟ್ಟಣಶೆಟ್ಟಿ VEDA RAJASHEKHAR PATTANASHETTI

ತಂದೆ : ರಾಜಶೇಖರ

Father: Rajashekhar

ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1994

ಸ್ಪ್ರೀ / Female



9216 1451 5912

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ:

ಅಂಗಡಿ ಓಣಿ, ಸೊಪ್ಪಡ್ಲ, ಸೊಪ್ಪಡ್ಲ, ಬೆಳಗಾವಿ, ಸೊಪ್ಪಡ್ಲ, ಕರ್ನಾಟಕ, 591129 Address:

ANGADI STREET, SOPPADLA, Soppadla, Belgaum, Soppadla, Karnataka, 591129

9216 1451 5912







आयकर विभाग INCOME TAX DEPARTMENT

भारत सरकार GOVT. OF INDIA

VEDA PATTANSHETTI

RAJASHEKHAR

20/07/1994

Permanent Account Number

CVSPP1303C

llugge.

Signature

