

# EMPLOYEE BACKGROUND VERIFICATION FORM

**COMPANY FULL NAME : WORTGAGE FINANCE PRIVATE LIMITED**

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
	Bengaluru

## Personal Information

Full Name (First, Middle, Last) ARUNA KUMARA K K		Former Name / Maiden Name (if Applicable)	
Father's Name KRISHNE GOWDA		Date of Birth (DD/MM/YY) 08-02-1986	
Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (if applicable)	Nationality Indian	Marital Status Married

Current Address		Period of stay	Contact Details for Verification
Door No / Plot No	400, Ranganatha complex	3	
Premises Name		From (Month/Year)	Residence Landline Number
Floor	4th Floor		
Corss / Main / Street		Jun-18	
Village Name	R T Nagar		
Post	R T Nagar	To (Month/Year)	Mobile number
Taluk			9986256047
District	Bengaluru -560032		
State	Karnataka		
Prominent Landmark	Opposite HMT Ground		

Permanent Address		Period of stay	Contact Details for Verification
Door No / Plot No		By Birth	
Premises Name	KRISHNE GOWDA	From (Month/Year)	Residence Landline Number
Floor			
Corss / Main / Street			
Village Name	KARIGANAHALLI VI		
Post	KADAGABALA PO	To (Month/Year)	Mobile number
Taluk	ALUR TALUK		8762703580
District	HASSAN-573218		
State	KARNATAKA		
Prominent Landmark	NEAR ANGANAVADI SCHOOL		

## 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 dd/mm/yy	To dd/mm/yy		
1					

GOVT  
COLLEGE  
ALUR,  
HASSAN  
DISTRICT  
PIN-573213

MYSORE UNIVERSITY

2004

09-02-2008

L0425403

College Name & Address	University Name & Address	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
2		dd/mm/yy	dd/mm/yy	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
College Name & Address	University Name & Address	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
3		dd/mm/yy	dd/mm/yy	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
College Name & Address	University Name & Address	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
4		dd/mm/yy	dd/mm/yy	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
<p>Please tick mark the documents submitted for this qualification along with this form</p> <p> <input type="checkbox"/> Marksheet                <input type="checkbox"/> Provisional Certificate                <input type="checkbox"/> Degree Certificate                <input type="checkbox"/> None         </p>					

Previous Employment History - Please attach a copy of your relieving letter/service certificate					
Name of Current Employer - 1 (Last Company) Tigris Associates			Address of Current Employer NO.62,2ND FLOOR,4TH CROSS, 2ND MAIN, GAVIPURAM EXTN, HANUMANTH NAGAR, BANGALORE-560019		
Telephone No 080-26610359	Employee Code/No 91		Designation SAMPLER	Department RISK OPERATIONS	
Employment Period From 04-06-2018 To 29-02-2020		Manager's Name GURUPRASAD	Manager's Contact No	Can a reference taken now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Manager's Email ID <a href="mailto:guruprasad.bl@tigrisidia.com">guruprasad.bl@tigrisidia.com</a>		
Duties & Responsibilities Documents checking			Reasons for leaving Good opportunity		
First Salary drawn 15800	Was this Position <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		Agency Details (if temporary or contractual), provide details		
Last Salary drawn 17300					
Please tick mark the documents submitted for this employment <input type="checkbox"/> Service Certificate <input checked="" type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> Any Other (please specify) <input type="checkbox"/> None					
Previous Employment History - Please attach a copy of your relieving letter/service certificate					
<b>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.</b>					
Name of Employer (2)			Address of Employer		
Telephone No	Employee Code/No		Designation	Department	
Employment Period From To		Manager's Name	Manager's Contact No		
			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"/> Any Other (please specify) <input type="checkbox"/> None					

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	Manager's Contact No	
From	To		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"/> Any Other <input type="checkbox"/> None      (please specify)				
<b>Documents Required (Mandatory)</b>				
<u>Education:</u> <ul style="list-style-type: none"> <li>Photocopy of degree certificate and final mark sheet of all examinations</li> </ul>				
<u>Employment</u> <ul style="list-style-type: none"> <li>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>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>ARUNA KUMARA K K</u>				
Name: <u>ARUNA KUMARA K K</u>		Date: <u>28-05-2021</u>		



सत्यमेव जयते  
भारत सरकार



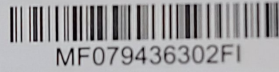
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Government of India

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Unique Identification Authority of India

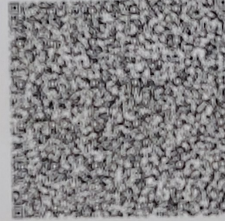
ನೋಂದಣಿ ಸಂಖ್ಯೆ / Enrollment No.: 0000/00620/28868

To  
ಅರುಣ ಕುಮಾರ.ಕೆ.ಕೆ  
Aruna Kumara.K.K  
400 RANGANATHA COMPLEX, OPPOSITE H M T  
GROUND,  
OPPOSITE H M T GROUND, R T NAGAR,  
VTC: R T Nagar,  
PO: R T Nagar,  
District: Bengaluru,  
State: Karnataka,  
PIN Code: 560032,  
Mobile: 6360422676

22/09/2011  
7943630



MF079436302FI



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

**7239 2639 4980**

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಅರುಣ ಕುಮಾರ.ಕೆ.ಕೆ  
Aruna Kumara.K.K  
ಜನ್ಮ ದಿನಾಂಕ / DOB : 08/02/1986  
ಪುರುಷ / Male

ಭಾರತ ಸರ್ಕಾರ  
Government of India



**7239 2639 4980**

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22/09/2011



आयकर विभाग  
INCOME TAX DEPARTMENT



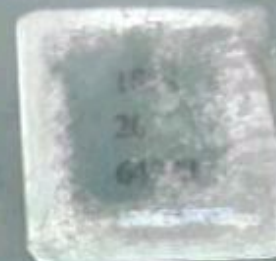
भारत सरकार  
GOVT. OF INDIA

ARUNA KUMARA K K  
KRISHNEGOWDA  
08/02/1986

Permanent Account Number

ATVPA5234C

Signature



16<sup>TH</sup> MARCH, 2020

**TO WHOMSOEVER IT MAY CONCERN**

THIS IS TO CERTIFY THAT MR. ARUN KUMAR K K WAS WORKING WITH US AS "SAMPLER" FROM 4<sup>TH</sup> JUNE, 2018 TO 29<sup>TH</sup> FEBRUARY, 2020 AND WAS DEPUTED TO VARIOUS BANKS TO CARRY OUT SAMPLING WORK AT THEIR OFFICE. MR. ARUN KUMAR HAD SUBMITTED HIS RESIGNATION ON 15<sup>TH</sup> FEBRUARY, 2020 AND HAS BEEN RELIEVED ON THE CLOSING HOURS OF 29<sup>TH</sup> FEBRUARY, 2020

DURING HIS TENURE WITH US, WE FOUND HIM HARD WORKING AND EFFICIENT IN EXECUTING HIS RESPONSIBILITIES. WE WISH HIM ALL SUCCESS IN HIS FUTURE ENDEAVOURS.

For TIGRIS ASSOCIATES

Authorised Signatory

