

EMPLOYEE BACKGROUND VERIFICATION FORM

COMPANY FULL NAME : wortgage technologies

Please note that it is mandatory for you to complete the form in all respects. The information you provide must be complete and 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

bangalore

Personal Information

Full Name (First, Middle, Last)

shivaraddy mentageri

Former Name / Maiden Name (if Applicable)

Father's Name

veeranna mentageri

Date of Birth (DD/MM/YY)

12/06/1996

Gender



Male



Female

Social Security Number (if applicable)

Nationality

hindu

Marital Status

single

Current Address

Period of stay

Contact Details for Verification

Door No / Plot No

Premises Name

shailaja gents PG

Floor

2nd floor

Corss / Main / Street

5th cross jakkasandra

Village Name

koramngala 1st block

Post

560034

Taluk

bangalore urban

District

bangalore

State

karnataka

Prominent Landmark

From (Month/Year)

05/05/2020

Residence Landline Number

To (Month/Year)

18/05/2021

Mobile number

8088594945

Permanent Address

Period of stay

Contact Details for Verification

Door No / Plot No

#23

Premises Name

Floor

Corss / Main / Street

hanuman temple

Village Name

hunoor

Post

makapur 584125

Taluk

lingasagur

District

raichur

State

karnataka

Prominent Landmark

From (Month/Year)

12/06/1996

Residence Landline Number

To (Month/Year)

10/04/2017

Mobile number

8088594945

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

To

1

RCU VIDYASANGAMA BELAGAVI

RCU belagavi

dd/mm/yyyydd/mm/yyyy

12/05/2017

15/06/2019

M.COM

MC171057

☒ Full Time
☐ Part Time

Previous Employment History - Please attach a copy of your relieving letter/service certificate					
Name of Current Employer - 1 {Last Company}			Address of Current Employer		
Telephone No		Employee Code/No		Designation	
				Department	
Employment Period		Manager's Name		Manager's Contact No	
From	To			Manager's Email ID	
				Can a reference taken now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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)					
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		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)					

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)			

Documents Required (Mandatory)Education:

- Photocopy of degree certificate and final mark sheet of all examinations

Employment

- Photocopy of relieving / experience letter for each employer mentioned in the form

Government Identity or Address Proof

- 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 Name: SHIVARADDY MENTAGERIDate: 12/06/1996



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಶಿವರದ್ಧಿ ಮೆಂಟಗೇರಿ

Shivaraddy Mentageri

ಜನ್ಮ ದಿನಾಂಕ / DOB : 12/06/1996

ಪುರುಷ / Male



9923 1191 3522

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತೀಯ ಏಕೀಕೃತ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

ವಿಳಾಸ:

ತಂದೆ / ತಾಯಿಯ ಹೆಸರು: ವೀರಣ್ಣ
ಮೆಂಟಗೇರಿ, ಹನುಮಂತ ದೇವಸ್ಥಾನದ
ಹತ್ತಿರ, ಹೂನೂರು, ರಾಯಚೂರು,
ಮಾಕಾಪುರ, ಕರ್ನಾಟಕ, 584125

Address:

S/O: Veeranna Mentageri, near
hanumanta temple, Hunoor,
Raichur, Makapur, Karnataka,
584125

9923 1191 3522



1947

1800 300 1947



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WWW

www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

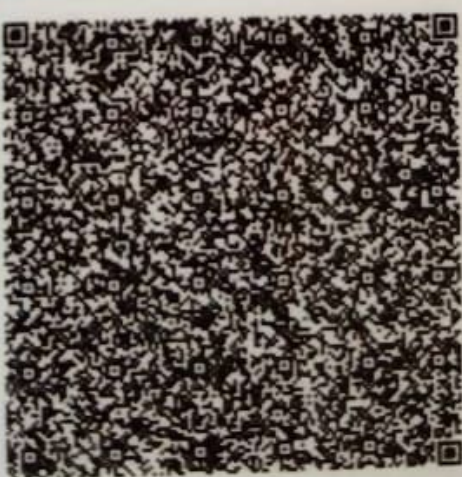
MJUPPS3110E

नाम / Name
SHIVARADDY MENTAGERI

पिता का नाम / Father's Name
VEERANNA MENTAGERI

जन्म की तारीख /
Date of Birth
12/06/1996


हस्ताक्षर / Signature



30102019