EMPLOYEE BACKGROUND VERIFICATION FORM

Job Location

COMPANY FULL NAME: WORTGAGE TECHNOLOGIES PRIVATE LIMITED

Position applied for

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.

| | | Bangalore | | | | |
|-----------------------------------|--|-----------------------|--------------|-------------------------------|-------------|--|
| Personal Information | 1 | | | | | |
| Full Name (First, Mido | | Former N | ame / Maider | n Name (if Applicable) | | |
| Father's Name Prakash Chand Nayak | | Date of Birth (DD/N | | D/MM/YY) 23-01-92 | | |
| Gender □ Male ■ Female | Social Security Number (if applicable) | Nationality Indian | | Marital Status Yes | | |
| | Current Address | Period of sta | ay | Contact Details for Verif | ication | |
| Door No / Plot No | Ward No. 3, Awasthi Mohalla, | 1 | | | | |
| Premises Name | | From (Month/Yo | ear) | Residence Landline N | umber | |
| Floor | | 01-04-20 | | | | |
| Corss / Main / Street | | 1 | | | | |
| Village Name | Badamalehra | 1 | | | | |
| Post | Badamalehra | To (Month/Ye | ar) | Mobile number | | |
| Taluk | | 01-05-21 | | | | |
| District | Chhatarpur | 1 | | | | |
| State | Madhya Pradesh | 1 | | | | |
| Prominent Landmark | Near Govt. Hospital | 1 | | | | |
| | | | | | | |
| | Permanent Address | Period of sta | ay | Contact Details for Verif | ication | |
| Door No / Plot No | Ward No. 3, Awasthi Mohalla, | | | | | |
| Premises Name | | From (Month/Yo | ear) | Residence Landline N | umber | |
| Floor | | 01-04-20 | | | | |
| Corss / Main / Street | | | | | | |
| Village Name | Badamalehra | | | | | |
| Post | Badamalehra | To (Month/Ye | ar) | Mobile number | | |
| Taluk | | 01-05-21 | | | | |
| District | Chhatarpur Madhya Bradach | | | | | |
| State Prominent Landmark | Madhya Pradesh Near Govt. Hospital | - | | | | |
| Prominent Landmark | Near Govi. Hospital | | | | | |
| Education Qualification | n - Please attach copy of Degree and F | inal vear mark sheet | | | | |
| College Name & A | | | ttended | Qualification Gained | ID /Roll No | |
| - | | From | То | | | |
| 1 | | | dd/mm/yy | | | |
| Oriental university | Indore | 01-06-11 | 01-03-15 | B.tech (Electronics and Commi | unication) | |
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| | | | | ■ Full Time □ Part Time | | |
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| College Name & Address | University Name & Address | Dates Attended | | Qualification Gained | ID /Roll No |
|-----------------------------------|---|-----------------|----------|----------------------|-------------|
| | | From | То | | |
| 2 | | dd/mm/yy | dd/mm/yy | | |
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| | | | | ☐ Full Time | |
| | | | | ☐ Part Time | |
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| College Name & Address | University Name & Address | | Attended | Qualification Gained | ID /Roll No |
| | | From | То | | |
| 3 | | dd/mm/yy | dd/mm/yy | | |
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| | | | | ☐ Full Time | |
| | | | | ☐ Part Time | |
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| College Name & Address | University Name & Address | | Attended | Qualification Gained | ID /Roll No |
| | | From | То | | |
| 4 | | dd/mm/yy | dd/mm/yy | | |
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| | | | | ☐ Full Time | |
| | | | | ☐ Part Time | |
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| Please tick mark the documents su | bmitted for this qualification along with | this form | | | |
| | | | | | |
| ☐ Marksheet ☐ Provis | sional Certificate | gree Certificat | te | □ None | |
| | | | | | |
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| Previous Emplo | oyment Histo | ory - Plea | ase attach a | a copy of your | relieving le | etter/service | certificate | | | |
|---|-----------------------------|------------|---|-----------------------------|--|---------------------|--------------------|-----------------|----------------------------------|--|
| Name of Current Employer - 1 {Last Company} | | | | Address of Current Employer | | | | | | |
| PLANHOP TECHNOLOGIES PRIVATE LIMITED | | | No. 2287,2nd Floor, 14th Main Road,HAL 2nd Stage, Indiranagar Banalore, Karnataka - 560 038 | | | | | | | |
| | | | | | | I= | | | | |
| Telephone No | lephone No Employee Code/No | | | Designation | | | Department | | | |
| | | | PH0035 | | | Software De | veloper | | | |
| Employ | ment Period | | Manager's N | Jame | l | Manager's C | Contact No | | Can a reference taken now? | |
| Employment Period Manager's Name From To | | | | 96119095 | | 3 | | | | |
| 01-10-19 | | 1-12-20 | Mukesh Kumar | | Manager's I | | | | □Yes | |
| 31-12-20 Mukesii Kuillai | | | | | | | □ _{No} | | | |
| Duties & Responsibilities | | | | | | Reasons for leaving | | | | |
| Dov | elop end to e | and annli | cation | | Being the travelling based startup, due to covid it was facing the financial challenge | | | | | |
| First Salary draw | | | Was this Po | sition | Agency De | | | tractual), prov | į į | |
| 56969 | ••• | | Perman | | , igono, b | otalio (ii tomp | orary or com | iradiaai), pro | | |
| Last Salary draw | vn | | □Tempor | ary | | | | | | |
| 56969 | | | □Contrac | tual | | | | | | |
| Please tick mark | the docume | nts subm | itted for this | employment | | | | | | |
| ☐ Service Ce | ertificate | | Relieving le | tter 🗆 | Offer letter | • | □ Any Oth | er | | |
| □ None | | | | | | | (please s | specify) | | |
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| Durada era Earad | LU:-4- | Dla | | | lianda a latta | | :C4 - | | | |
| Previous Emplo | oyment Histo | ory - Plea | ase attach a | copy or your re | lieving lette | er/service ceri | ificate | | | |
| | | | | | | | | | it. Employee Code/ ID/ Number is | |
| mandatory. If y | | s employ | er did not p | provide one, pl | | | e reasons fo | or the same. | | |
| Name of Emplo | yer (2) | | | | Address of | f Employer | | | | |
| | | | | | | | | | | |
| Telephone No | Emp | ployee Co | ode/No | | Designation | | Department | | | |
| ' | | , | | | | | | | | |
| | | | | | | | | | | |
| E | mployment P | Period | | Manager's Na | me | ne Manager's | | 's Contact No | | |
| From | | То | | | | | | | | |
| | | | | | V | | Manager's Email ID | | | |
| | | | | | | | | | | |
| Duties & Responsibilities | | | | | | Reasons for | leaving | | | |
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| | | 1 | | | l. <u>-</u> | | | | | |
| First Salary draw | vn | | Was this Po | | Agency De | etails (if temp | orary or cont | tractual), prov | ride details | |
| ☐ Permanent | | | | | | | | | | |
| Last Salary drawn ☐ Temporary ☐ Contractual | | | | | | | | | | |
| Please tick mark | the docume | nts suhm | | | <u> </u> | | | | | |
| □ Service Ce | | | Relieving le | | Offer letter | | □ Any Oth | er | | |
| □ None | | | | 3 | | (please s | | | | |
| 3.1.5 | | | | | | | /1 | 1 ** 3/ | | |
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| Previous Employment | History - Please attach a | a copy of your re | lieving lette | er/service cer | tificate | | |
|---|------------------------------|-------------------|---------------------|------------------|--------------------|---|--|
| Name of Employer (3) | | | Address of Employer | | | | |
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| | T | | | | | T | |
| Telephone No | Employee Code/No | | Designation | on | | Department | |
| | | | | | | | |
| | 1.0 | I | | | l., . | 1 | |
| | ent Period | Manager's Nar | me | | Manager's (| Contact No | |
| From | То | | | | | | |
| | | | | | Manager's Email ID | | |
| D. (1. D.) 11111 | | | | l _D (| <u> </u> | | |
| Duties & Responsibilities | S | | | Reasons for | rieaving | | |
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| First Salary drawn | Was this P | osition | Agency D | etails (if temp | orary or con | ntractual), provide details | |
| | □Perma | nent | | | | | |
| Last Salary drawn | ☐ Tempo | • | | | | | |
| | □Contra | | | | | | |
| Please tick mark the doc Service Certificate | cuments submitted for this | | Offer letter | _ | □ A=O4 | Alexan | |
| □ None | ☐ Relieving le | eller — | Offer letter | | | | |
| — None | | | | | (piease t | specify) | |
| Documents Required (| (Mandatory) | | | | | | |
| Education: | • | | | | | | |
| | e certificate and final mar | k sheet of all ex | aminations | | | | |
| i meteopy of dog.o | | | | | | | |
| <u>Employment</u> | | | | | | | |
| Photocopy of relievi | ing / experience letter for | each employer r | metioned in | the form | | | |
| | | | | | | | |
| Government Identity or | Address Proof | | | | | | |
| Passport Copy / Driv | ving License / Voter ID / A | adhaar Card / B | ank Passb | ook | | | |
| | | | | | | | |
| Declaration and Autho | rization | | | | | | |
| I hereby authorize Gold | Quest Global HR Service | s Private Limited | d and its rep | oresentative t | to verify infor | rmation provided in my application for employment and this | |
| employee background v | erification form, and to co | onduct enquiries | as may be | necessary, a | at the compa | ny's discretion. I authorize all persons who may have | |
| information relevant to the such disclosure. | his enquiry to disclose it t | o GoldQuest Glo | obal HR Se | rvices Pvt Lt | d or its repre | sentative. I release all persons from liability on account of | |
| Such disclosure. | | | | | | | |
| I confirm that the above | information is correct to t | he best of my kn | nowledge. I | agree that in | n the event o | of my obtaining employment, my probationary appointment, | |
| | continued employment in | the services of t | he compan | y are subjec | t to clearance | e of medical test and background verification check done by | |
| the company . | | | | | | | |
| | | | | | | | |
| Signature: Princy Naya | ak | | | | | | |
| orginature. I filley Mayo | un | | | - | | | |
| Name: Princy Naya | ak | | | | Date: | 19-05-21 | |
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ORIENTAL UNIVERSITY, INDORE

No.

000246

Date: 19/08/2015

PROVISIONAL CERTIFICATE

| This is to certify that Mr. | Ms. PRINCY NAYAK |
|-----------------------------|--|
| Father's Name Mr | PRAKASH CHAND NAYAK |
| Mother's Name Mrs | PUSHPA NAYAK |
| Enrollment No. OURA | 11103075 has completed the requirements and has become |
| eligible for award of | TECH. (ELECTRONICS AND COMMUNICATION ENGINEERING) |
| in MAY, 2015 | (month, year) and is placed in |

The Degree/Diploma shall be conferred subsequently.

ORIENTAL UNIVERSITY, INDORE

Opp. Rewati Range Gate No. 1, Post Aurobindo Sanwer Road, Jakhya, INDORE-453555 (M.P.) Phone: 0731-2448700 Fax: 0731-2448666

Website: www.orientaluniversity.in

Registrar 000246



आयकर विभाग

INCOME TAX DEPARTMENT
PRINCY NAYAK



23/01/1992

Permanent Account Number

AWZPN6934B

Signature



भारत सरकार GOVT. OF INDIA







भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India Government of India



E-Aadhaar Letter

नामांकन क्रमांक/Enrolment No.: 2090/70206/02873

Princy Nayak (प्रिंसी नायक)

D/O Prakash Chand Nayak, Nagar Bhawan marg, Purani Kotwali ke samane, Tikamgarh, Tikamgarh, Madhya Pradesh - 472001

आपका आचार क्रमांक/ Your Aadhaar No.:

7826 2838 1236



आधार-आम आदमी का अधिकार







- जादार-जान जादना का जादकार
- आधार देश भर में मान्य है.
- आधार के लिए आपको एक ही बार नामांकन दर्ज करवाने की आवश्यकता है.
- कृपया अपना नवीनतम मोबाइल नंबर तथा ई-मेल पता दर्ज कराएं, इससे आपको विभिन्न मुविधाएं प्राप्त करने में सहुलियत होगी.

स्वना

- जाधार पहचान का प्रमाण है, नागरिकता का नहीं |
- पहचान का प्रमाण ऑनलाइन ऑचेन्टिकेशन द्वारा प्राप्त करें |
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है |

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.



- Aadhaar is valid throughout the country.
- # You need to enrol only once for Aadhaar.
- Please update your mobile number and e-mail address. This will help you to avail various services in future.



भारत सरकार



प्रिंसी नायक Princy Nayak जन्म तिथि/ DOB: 23/01/1992 महिला / FEMALE





भारतीय विशिष्ट पहचान प्राधिकरण

पता:

D/O प्रकाश चंद नायक, नगर भवन मार्ग, पुरानी कोतवाली के सामने, टीकमगड़, टीकमगड़, मध्य प्रदेश - 472001

Address:

DIO Prakash Chand Nayak, Nagar Bhawan marg, Purani Koteasi ke semane, Tikamgarh, Tikamgarh, Madhya Pradesh - 472001

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आधार-आम आदमी का अधिकार

Aadhaar-Aam Admi ka Adhikar

PLANHOP TECHNOLOGIES PRIVATE LIMITED

Regd. Office: No. 2287, 2nd Floor, 14th Main Road, HAL 2nd Stage, Indiranagar Bangalore, Karnataka - 560 038



Date: 05/01/2021

Emp. Name: Mrs. Princy Nayak

Emp Id: PH0035

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **PRINCY NAYAK** was employed with us from **01/10/2019** (DD/MM/YYYY) to **31/12/2020** (DD/MM/YYYY). At the time of leaving the company she was designated as **Software Developer**.

Please note that she has been relieved from **Planhop Technologies Pvt. Ltd.** ("company") effective close of business hours on **31/12/2020**.

We thank you for your services and take this opportunity to wish you the very best in your future endeavours.

Best Regards,

Mukesh Kumar

HoE Planhop Technologies Pvt Ltd.