

EMPLOYEE BACKGROUND VERIFICATION FORM

COMPANY FULL NAME : WORTGAGE TECHNOLOGIES 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
Partner Realationship Manager(Key account manager)	Bangalore

Personal Information

Full Name (First, Middle, Last)	LakshmiNarayana C	Former Name / Maiden Name (if Applicable)	C
Father's Name	Chandrashaker S	Date of Birth (DD/MM/YY)	16/05/1995
Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (if applicable)	Nationality Indian	Marital Status Single

Current Address		Period of stay	Contact Details for Verification
Door No / Plot No	#13/1,	From (Month/Year) March 2018	Residence Landline Number
Premises Name			
Floor	1st		
Corss / Main / Street	4th "A"		
Village Name	Nagappa Block, Srirampuram	To (Month/Year) Till date	Mobile number
Post	560021		
Taluk			
District	Bangalore		
State	Karnataka		
Prominent Landmark	Sri angala parameshwari temple		

Permanent Address		Period of stay	Contact Details for Verification
Door No / Plot No		From (Month/Year)	Residence Landline Number
Premises Name			
Floor			
Corss / Main / Street			
Village Name		To (Month/Year)	Mobile number
Post			
Taluk			
District			
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	To		
1 Bangalore Institute Of Management Studies. Mysore Road, Opp. RV Engineering College, Bangalore 560059.	Bangalore University	dd/mm/yy 01/082017	dd/mm/yy 31/08/2019	MBA Finace and Marketing <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	17QZCMD061

Previous Employment History - Please attach a copy of your relieving letter/service certificate					
Name of Current Employer - 1 {Last Company} Adjetter Media Network PVT LTD			Address of Current Employer Kasturi Nagar Bangalore 560043		
Telephone No 080 40928567	Employee Code/No NA		Designation Pre Sales – Intern	Department sales	
Employment Period		Manager's Name	Manager's Contact No	Can a reference taken now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From 18/03/2019	To 28/06/2019		Manager's Email ID info@agjetter.com		
Duties & Responsibilities Lead Generation from other source Analysis of Data and Underwriting			Reasons for leaving Intern ship period completed		
First Salary drawn stay found 7000	Was this Position <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Contractual		Agency Details (if temporary or contractual), provide details		
Last Salary drawn stay found 7000					
Please tick mark the documents submitted for this employment <input checked="" 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) Gini & Jony			Address of Employer Mumbai 400059		
Telephone No 2240911000	Employee Code/No EGJ007598		Designation customer care associate	Department sales	
Employment Period		Manager's Name	Manager's Contact No		
From 2016	To 2018		Manager's Email ID info@giniandjony.com		
Duties & Responsibilities Explaining about products Selling apparels Billing			Reasons for leaving Higher Education purpose		
First Salary drawn 10000	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 12000					
Please tick mark the documents submitted for this employment <input checked="" type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input checked="" 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

Identity

- Pan Card / Passport Copy/ Driving License

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.

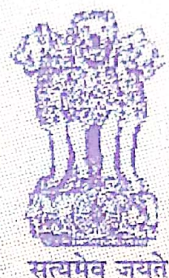
I confirm that the above information is correct to the best of my knowledge. I agree that in the event of my obtaining employment, my probationary appointment, confirmation as well as continued employment in the services of the company are subject to clearance of medical test and background verification check done by the company.

Signature: lakshminarayana C

Name: LakshmiNarayana C

Date: 19/05/2021

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BKDPN4373B



नाम / Name

LAKSHMI NARAYANA

पिता का नाम / Father's Name

**SUBBARAYACHARY CHANDRA
SHEKAR**

जन्म की तारीख / Date of Birth

16/05/1995

Lakshmi Narayana C

हस्ताक्षर / Signature



28082017



सत्यमेव जयते
भारत सरकार



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ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣಿ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 1377/40451/00653

To

ಲಕ್ಷ್ಮೀ ನಾರಾಯಣ

Lakshmi Narayana

S/O: S Chandra Shekar

201/2 3rd Cross

Mariyappana Palva

Bangalore North

Srirampuram

Bangalore North Bangalore

Karnataka 560021

8951279233



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22/11/2013

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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9700 9063 8599

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ

Government of India

ಲಕ್ಷ್ಮೀ ನಾರಾಯಣ

Lakshmi Narayana

ಜನ್ಮ ದಿನಾಂಕ / DOB : 16/05/1995

ಪುರುಷ / Male



9700 9063 8599

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ