

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 applied for

Job Location

Loan Officer

Koramagala

Personal Information

Full Name (First, Middle, Last)

Anna Princy

Former Name / Maiden Name (if Applicable)

Father's Name

Davis

Date of Birth (DD/MM/YY)

25/01/1999

Gender

- ☐ Male
☐ Female

Social Security Number (if applicable)

Female

Nationality

Indian

Marital Status

Single

Current Address

Period of stay

Contact Details for Verification

Door No / Plot No

5th Cross

Premises Name

Nagaraj Buliding

From (Month/Year)

Residence Landline Number

Floor

Second Floor

Corss / Main / Street

63, 5th cross

Village Name

Neelasandra

To (Month/Year)

Mobile number

Post

Taluk

Bangalore

District

Bangalore

State

Karanataka

Prominent Landmark

Kateriamma Road

Permanent Address		Period of stay		Contact Details for Verification	
Door No / Plot No	5th Cross	From (Month/Year)		Residence Landline Number	
Premises Name	Nagaraj Buliding				
Floor	Second Floor				
Corss / Main / Street	63, 5th cross				
Village Name	Neelasandra				
Post		To (Month/Year)		Mobile number	
Taluk	Bangalore				
District	Bangalore				
State	Karanataka				
Prominent Landmark	Kateriamma Road				
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 BBMP Bruhat	Bruhat Bengaluru Mahanagara Palike	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		
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
Please tick mark the documents submitted for this qualification along with this form <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Marksheet <input type="checkbox"/> Provisional Certificate <input type="checkbox"/> Degree Certificate <input type="checkbox"/> None </div>					

Previous Employment History - Please attach a copy of your relieving letter/service certificate					
Name of Current Employer - 1 {Last Company} Noborkers Insurance PVT LTD			Address of Current Employer Shanthinagar		
Telephone No	Employee Code/No <div style="color: red; text-align: center;">33</div>		Designation Relationship Manager	Department Motor / Health Insurance	
Employment Period <div style="display: flex; justify-content: space-between;"> From To </div> <div style="display: flex; justify-content: space-between;"> December January </div>		Manager's Name Anand		Manager's Contact No <hr/> Manager's Email ID	Can a reference taken now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties & Responsibilities			Reasons for leaving		

Explaining about the products as per company process as wel guide customer		For Better Carrer	
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 Permanent	
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 <input type="checkbox"/> (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	Agency Details (if temporary or contractual), provide details	

- ☐ Service Certificate ☐ Relieving letter ☐ Offer letter ☐ Any Other
☐ 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: Anna Princy

Name: Anna Princy

Date: 18/5/2021



ಭಾರತ ಸರ್ಕಾರ
GOVERNMENT OF INDIA



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Anna Princy D

ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth 1999

ಸ್ತ್ರೀ / Female



2236 3158 1375

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ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ವಿಳಾಸ D/O ಡೇವಿಡ್ ಜೆ ಎಚ್.ಎನ್.

Address D/O David J. #63, 5th

ಕ್ರಾಸ್ ಬಜಾರ್ ಬೀದಿ ನೀಲಸಂದ್ರ

Cross, Bazar Street,

ಬೆಂಗಳೂರು ದಕ್ಷಿಣ ವಿವೇಕನಗರ

Neelasaandra, Bangalore South,

ಬೆಂಗಳೂರು ಕರ್ನಾಟಕ 560047

Viveknagar, Bangalore,
Karnataka, 560047



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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CMLPA6638R



नाम/ Name

ANNA PRINCY D

पिता का नाम/ Father's Name

DAVIS

जन्म की तारीख / Date of Birth

25/01/1999

हस्ताक्षर/ Signature



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