

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	Bangalore

Personal Information			
Full Name (First, Middle, Last) Nethravathi N		Former Name / Maiden Name (if Applicable)	
Father's Name NARAYANASWAMY		Date of Birth (12/02/1992)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (if applicable) YES	Nationality INDIAN	Marital Status MARRIED

Current Address	Period of stay	Contact Details for Verification
Door No / Plot No 9		
Premises Name	From (Month/Year) 1992	Residence Landline Number
Floor 1 st main		
Cors / Main / Street 1 st cross		
Village Name jayanthinagar		
Post horamavu	To (Month/Year) 2021	Mobile number 8217786570
Taluk k r puram		
District bangalore		
State kamataka		
Prominent Landmark udupi gardenia hotel		

Permanent Address	Period of stay	Contact Details for Verification
Door No / Plot No 9		
Premises Name	From (Month/Year) 1992	Residence Landline Number
Floor 1 st main		
Cors / Main / Street 1st cross		
Village Name jayanthinagar		
Post horamavu	To (Month/Year) 2021	Mobile number 8217786570
Taluk k r puram		
District bangalore		
State kamataka		
Prominent Landmark udupi gardenia hotel		

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				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

College Name & Address	University Name & Address	Dates Attended		Qualification Gained	ID /Roll No
		From dd/mm/yy	To dd/mm/yy		
2	department of pre- university education	01-05-09	30-03-10	THIRD <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	258960 YES

College Name & Address	University Name & Address	Dates Attended		Qualification Gained	ID /Roll No
		From dd/mm/yy	To dd/mm/yy		
3				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

College Name & Address	University Name & Address	Dates Attended		Qualification Gained	ID /Roll No
		From dd/mm/yy	To dd/mm/yy		
4					

<div style="text-align: right;"> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time </div>					
Please tick mark the documents submitted for this qualification along with this form <input type="checkbox"/> Marksheet <input type="checkbox"/> Provisional Certificate <input type="checkbox"/> Degree Certificate <input type="checkbox"/> None					

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 663442		Designation TELECALLER	
				Department MUTHOOT FINANCE	
Employment Period		Manager's Name		Manager's Contact No	
From	To	NAVEEN KUMAR		Can a reference taken now? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16-05-16	31-08-13				
				Manager's Email ID	
Duties & Responsibilities			Reasons for leaving HEALTH ISSUE		
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					
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 (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 (please specify) <input type="checkbox"/> None					

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: Nethra

Name: NETHRAVATHI N

Date: 19-05-21



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UNIQUE IDENTIFICATION AUTHORITY OF INDIA

ವಿಳಾಸ:

D/O: ನಾರಾಯಣಸ್ವಾಮಿ, 09, 1ನೇ
ಕ್ರಾಸ್, ಜಯಂತಿ ನಗರ, ಹೊರಮಾವು,
ಬೆಂಗಳೂರು, ಹೊರಮಾವು, ಕರ್ನಾಟಕ,
560043

Address:

D/O: Narayanaswamy, 09,
1st Cross, Jayanthi Nagar,
Horamavu, Bangalore,
Horamavu, Karnataka,
560043



1947
1800 180 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



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ಬೆಂಗಳೂರು-560001

आयकर विभाग

INCOME TAX DEPARTMENT

NETHRAVATHI N

NARAYANASWAMY

12/02/1992

Permanent Account Number

AXJPN6552E

Nethra

Signature



भारत सरकार

GOVT. OF INDIA

भारत
सरकार



19122014



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GOVERNMENT OF INDIA



ನೆತ್ರಾವತಿ ಎನ್

Nethravathi N

ಹುಟ್ಟಿದ ವರ್ಷ / Year of Birth : 1992

ಸ್ತ್ರೀ / Female



3056 0918 9239

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