EMPLOYEE BACKGROUND VERIFICATION FORM

COMPANY FULL NAME: WORTGAGE TECHNOLOGIES PVT LTD

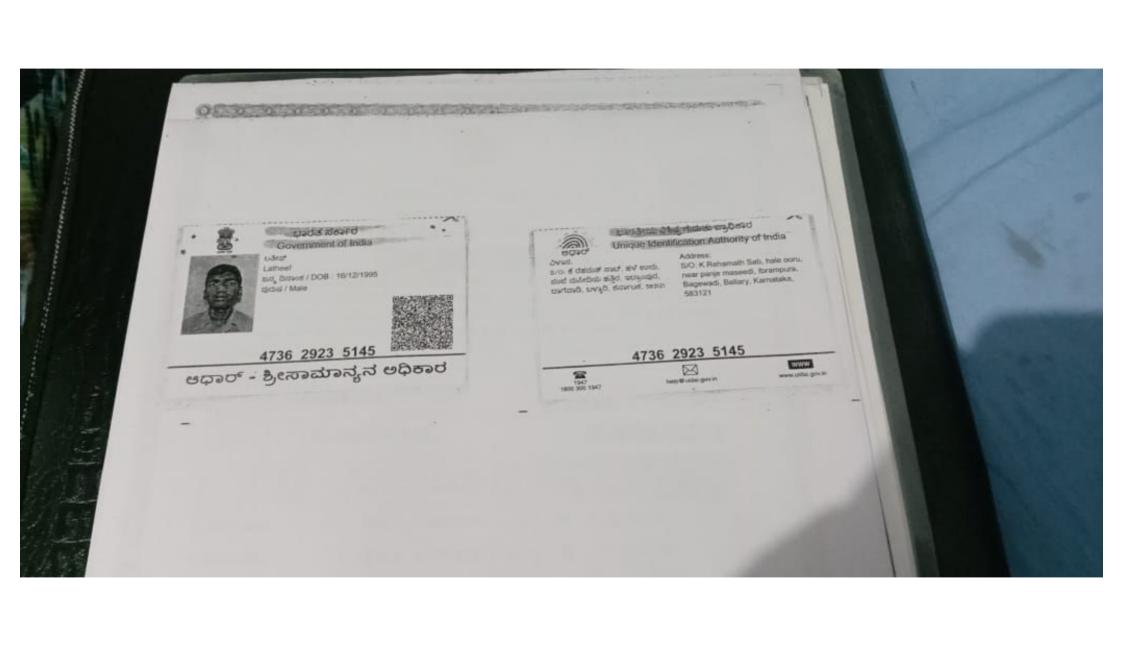
Please note that it is mandatory for you to complete the form in all respects. The information you provide must be complete and correct and the same shall be treated in strict confidence. The details on this form will be used for all official requirements should you join the organization.

	Position applied for		Job I	Location			
	Loan Office		Bangalore				
Personal Information							
Full Name (First, Mic	ddle, Last) Latheef K	Former Nam	Former Name / Maiden Name (if Applicable)				
Father's Name	Rahamat Sav		(DD/MM/YY) /12/1995				
Gender	Social Security Number (if applicable)			Marital Status	 I Status		
□ Male □ Female		Indian		Single			
	Current Address	Period of stay	Cont	Contact Details for Verification			
Door No / Plot No	19						
Premises Name		From (Month/Year) Re	sidence Landline	Number		
Floor	2nd Fl	May-20					
Corss / Main / Street	14th Cross,						
Village Name	Kadrinahalli						
Post	Bansankari	To (Month/Year)		Mobile number			
Taluk	Banglore South						
District		Present	Shabir	8123930603	3		
State	Karnataka						
Prominent Landmark	Near SBI ATM						
			•				
	Permanent Address	Period of stay	Cont	act Details for Ve	rification		
Door No / Plot No							
Premises Name		From (Month/Year) Re	esidence Landline	Number		
Floor	Ground fl						
Corss / Main / Street	Near Panje Mazjid	1995					
Village Name	Ibrampura						
Post	Bagewadi	To (Month/Year)		Mobile number			
Taluk	Siruguppa				9945940562		
District	Ballari	2019		Rahamat Sav			
State	Karnataka	_					
Prominent Landmark	Near Panje Mazjid		I				
Education Qualification	on - Please attach copy of Degree and	Final year mark sheet	_				
College Name &			nded Qualif	ication Gained	ID /Roll No		
Conces Hame a	Address Shiversky Hame as	From To			IB //(dil fee		
1		05-01-2016 31			MB160093		
Allum Karibasappa	Institute of Vijayanagara Sri Kris	shnadevaraya University	, Ballari,				
Veerasaiva College	e Campus, Cantonment, Airport F	Road, Ballari, Karnataka	583104				
					Full Time		
			□ Full 1				
			□ Part	ııme			
			1		i		

College Name & Address	University Name & Address	Dates Attended		Qualification Gained	ID /Roll No		
		From	То				
2		06-01-2013	05-01-2016	B Com	C1314494		
Govt. First Grade Degree Colle	ı Vijayanagara Sri Krishnadevara	ı aya Univers	ı sity, Ballari				
Siruguppa, Karnataka 583121	,.,	ĺ]		Full Time		
				□ Full Time			
				☐ Part Time			
College Name & Address	University Name & Address	Dates A	Attended	Qualification Gained	ID /Roll No		
	chirolony manie a madioce	From	То		15 /110.1110		
3			dd/mm/yy				
		,,	,,				
				☐ Full Time			
				☐ Part Time			
				T dit Tillio			
College Name & Address	University Name & Address	Dates A	Attended	Qualification Gained	ID /Roll No		
		From	То				
4		dd/mm/yy	dd/mm/yy				
				☐ Full Time			
				☐ Part Time			
Please tick mark the documents submitted for this qualification along with this form							
D Madabast D Basisianal Ocafforts D D Ocafforts D D D Ocafforts							
☐ Marksheet ☐ Provis	sional Certificate Deg	ree Certificat	te	□ None			

Previous Emplo	oyment Histo	ory - Plea	ase attach a	a copy of your	relieving l	etter/service	certificate				
Name of Current Employer - 1 {Last Company}			Address of Current Employer								
Telephone No	Em	ployee Co	ode/No		Designation	on	Department				
Employment Period			Manager's Name		Manager's		Contact No		Can a reference taken now?		
From	То					Manager's E	Email ID		□Yes		
Duties & Respor	acibilitica					Reasons for	looving		□ _{No}		
Duties & Respoi	ISIDIIILIES					Reasons ioi	leaving				
First Salary draw	vn		Was this Position ☐ Permanent		Agency Details (if temporary or contractual), provide details			vide details			
Last Salary draw	vn		□Tempor	☐Temporary ☐Contractual							
Please tick mark the documents submitted for this employment Service Certificate Relieving letter Offer letter Any Other None (please specify)											
							(5.0000 0				
Previous Emplo	ovment Histo	orv - Plea	ase attach a	copy of your re	elievina lette	er/service cer	tificate				
Note: Please er	nsure that yo	ou are de	scriptive w	herever neces	sary – e.g.	. If company	has closed,		n it. Employee Code/ ID/ Number is mandatory.		
If your previous		did not p	rovide one,	please mention			r the same.				
Name of Employer (2)			Address of Employer								
Telephone No	ephone No Employee Code/No		Designation			Department					
E	mployment F	Period		Manager's Na	me Ma		Manager's Contact No				
From		То		J							
							Manager's Email ID				
Duties & Responsibilities					Reasons for leaving						
First Salary drawn Was this Position			Agency Details (if temporary or contractual), provide details								
Last Salary drawn											
Please tick mark the documents submitted for this employment Service Certificate Relieving letter None			Offer letter								

Previous Employment History - Please attach a copy of your re Name of Employer (3)			lieving letter/service certificate Address of Employer					
Telephone No	Employee Code/No	Employee Code/No			Department			
Employment Period Manager's N		Manager's Nan	ıme Manager's		L Contact No			
From	То			Manager's Email ID				
Duties & Responsibilities Reasons for leaving								
First Salary drawn	Was this P □ Perma		Agency Details (if temp	orary or con	tractual), provide details			
Last Salary drawn								
Please tick mark the documents submitted for this employment Service Certificate Relieving letter Offer letter (please specify)								
Documents Require								
Employment Photocopy of religion Government Identity of Passport Copy / E	Oriving License / Voter ID / A	each employer n	netioned in the form					
employee background	oldQuest Global HR Service d verification form, and to co	onduct enquiries	as may be necessary, a	at the compa	rmation provided in my application for employment and this ny's discretion. I authorize all persons who may have sentative. I release all persons from liability on account of			
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:	Latheef K							
Name:	Latheef K			Date:	25/5/2021			





RAHAMATH SAB

16/12/1995 Permanent Account Number

APGPL7824Q



क्षे भारत सरकार GOVT. OF INDIA

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In case Income Plot No Navi M इस कार्ड ध्याट व