### **EMPLOYEE BACKGROUND VERIFICATION FORM**

#### **COMPANY FULL NAME:**

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.

snair be treated in strict		ne details on this form will t	be used for a	ali official req	uirements sn	, , ,	luon.		
Position applied for						Job Location			
LOAN OFFICER					KORMANGALA				
Personal Informatio	n								
Full Name (First, Middle, Last) SHABANA M					ame / Maide	n Name (if Applicable)			
Father's Name LATE MUBARAK				Date of Birth (DD/MM/YY) 21/02/1997					
Gender Social Security Number (if applicable)				Nationa	ality	Marital Status			
□ Male √ Female		The second is a second of the		INDIAN		SINGLE			
	Current Address			Period of stay		Contact Details for Verification			
Door No / Plot No	GH:13 3RD CROSS								
Premises Name		Fro	m (Month/Y	ear)	Residence Landline Number				
Floor	GROU	ND FLOOR							
Corss / Main / Street									
Village Name	e SRI RAMNAGARI MURG			PALYA					
Post				(Month/Ye	ar)	Mobile number			
Taluk									
District	BANGALORE								
State									
Prominent Landmark									
			1						
	Permanent	Address	Period of stay		Contact Details for Verification				
Door No / Plot No	0.004	E 40 400\/E	F	/M (I- D/		Residence Landline Number			
Premises Name	SAM	E AS ABOVE	Fro	From (Month/Year)		Residence Land	lline Number		
Floor Corss / Main / Street			4	1997					
Village Name			-						
Post		Т	/Month/Vo	ar)	Mobile number				
Taluk			- '	To (Month/Year)					
District	+					9535120675			
State									
Prominent Landmark			1			_			
_	_								
		tach copy of Degree and F							
College Name & A	Address	University Name & A	ddress	Dates A		Qualification Gained	ID /Roll No		
4				From dd/mm/yy	To dd/mm/yy				
DOMLUR NEAR									
DOMILIP COVT			2015/06/01	2016/05/10					
COLLAGE		SAGAR HOTE	:L						
						☐ Full Time			
						₽art Time			

College Name & Address	University Name & Address	Dates Attended		Qualification Gained	ID /Roll No
		From	То		
2		dd/mm/yy	dd/mm/yy		
				☐ Full Time	
				☐ Part Time	
College Name & Address	University Name & Address	Dates A	ttended	Qualification Gained	ID /Roll No
	, , , , , , , , , , , , , , , , , , , ,	From	То		
3			dd/mm/yy		
Ĭ		uu/IIIII/yy	uu/IIIII/yy		
				□ Eull Time	
				☐ Full Time	
				☐ Full Time ☐ Part Time	
Callera Nama 9 Addara	University Name O Address	Data a	44 a a al a al	□ Part Time	ID /D-II N-
College Name & Address	University Name & Address		.ttended		ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From		□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
College Name & Address	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	□ Part Time	ID /Roll No
	University Name & Address	From	То	☐ Part Time  Qualification Gained	ID /Roll No
	University Name & Address	From	То	□ Part Time  Qualification Gained  □ Full Time	ID /Roll No
	University Name & Address	From	То	☐ Part Time  Qualification Gained	ID /Roll No
	University Name & Address	From	То	□ Part Time  Qualification Gained  □ Full Time	ID /Roll No
4		From dd/mm/yy	То	□ Part Time  Qualification Gained  □ Full Time	ID /Roll No
4	University Name & Address  bmitted for this qualification along with	From dd/mm/yy	То	□ Part Time  Qualification Gained  □ Full Time	ID /Roll No
Please tick mark the documents su	bmitted for this qualification along with	From dd/mm/yy	To dd/mm/yy	□ Part Time  Qualification Gained  □ Full Time □ Part Time	ID /Roll No
Please tick mark the documents su	bmitted for this qualification along with	From dd/mm/yy	To dd/mm/yy	□ Part Time  Qualification Gained  □ Full Time	ID /Roll No
Please tick mark the documents su	bmitted for this qualification along with	From dd/mm/yy	To dd/mm/yy	□ Part Time  Qualification Gained  □ Full Time □ Part Time	ID /Roll No
Please tick mark the documents su	bmitted for this qualification along with	From dd/mm/yy	To dd/mm/yy	□ Part Time  Qualification Gained  □ Full Time □ Part Time	ID /Roll No
Please tick mark the documents su	bmitted for this qualification along with	From dd/mm/yy	To dd/mm/yy	□ Part Time  Qualification Gained  □ Full Time □ Part Time	ID /Roll No

Previous Emplo	oyment	History - Ple	ase attach a	copy of your	relieving le	etter/service	certificate			
Name of Current Employer - 1 {Last Company}			Address of Current Employer							
FINANCE BUDDHA			TIPPASANDRA							
Telephone No Employee C		Code/No		Designation	n		Department			
		TELE CALLER		ER	PERSONAL LOAN					
Employment Period Manager's Name			lame	Manager's Contact No				Can a reference taken now?		
From	То	_			Managarla Email ID					
<b>2016</b> 2019			Manager's Email ID			□ Yes □ No				
Duties & Respor	nsibilities	;				Reasons for	leaving			
First Salary drav	<sup>vn</sup> 12ł	<	Was this Position  ✓ Permanent		Agency De	Agency Details (if temporary or contractual), provide details				
Last Salary draw	<sup>/n</sup> 15	iκ	□ Tempoi	rary						
Please tick mark	the doc	umante euhn								
Please tick mark the documents submitted for this employment  ☐ Service Certificate ☐ Relieving letter ☐ Offer letter ☐ VAny Other ☐ (please specify)										
▼ None			_				(piease s	эр <del>ес</del> пу)		
Previous Emplo	oyment	<b>History -</b> Ple	ase attach a	copy of your re	lieving lette	r/service cert	ificate			
									it. Employee Code/ ID/ Number is	
mandatory. If y Name of Emplo		vious emplo	yer did not p	provide one, pl		<u>ion and stat</u> f Employer	e reasons fo	or the same.		
Traine or Emplo	yo: ( <i>L</i> )				710010000	Limployor				
Telephone No Employee Code/No			Designation Depa		Department					
Employment Period Manager's Nan			ne	e Manager's Contact No						
From To						Manager's Email ID		IID		
						IManager's Email ID				
Duties & Responsibilities					Reasons for leaving					
First Salary drav	wn		Was this Po	sition	Agency De	etails (if temn	orary or cont	tractual) prov	ide details	
□ Permanent				Agency Details (if temporary or contractual), provide details						
Last Salary drawn ☐ Temporary ☐ Contractual										
Please tick mark					•		_			
				Offer letter	•					
√None							(please s	specify)		

<b>Previous Employment History -</b> Please attach a copy of your re Name of Employer (3)			Address of Employer					
Telephone No	one No Employee Code/No			n		Department		
Employment Period Manager's N			 ame Manager's		Manager's (	L Contact No		
From	То							
					Manager's Email ID			
Duties & Responsibilities	•			Reasons for	leaving			
First Salary drawn		this Position	0		emporary or contractual), provide details			
Last Salary drawn	Permanent Femporary Contractual							
Please tick mark the documents submitted for this employment  ☐ Service Certificate  ☐ Relieving letter  ☐			Offer letter ☐ Any Other					
□ None	(please specify)							
Documents Required (	Mandatory)							
Education:	• • • • • • • • • • • • • • • • • • • •							
Photocopy of degree	e certificate and fina	al mark sheet of all ex	aminations					
<u>Employment</u>								
Photocopy of relieving	ng / experience lette	er for each employer i	metioned in	the form				
Identity								
Pan Card / Passport	Copy/ Driving Licer	nse						
Declaration and Author	rization							
employee background ve	erification form, and	to conduct enquiries	as may be r	necessary, at	the compan	nation provided in my application for employment and this y's discretion. I authorize all persons who may have entative. I release all persons from liability on account of		
						f my obtaining employment, my probationary appointment, of medical test and background verification check done		
Signature:	Shelve	v.M		_				
Name: SHABANA M					Date:	18/05/2021		
				•				



### भारत सरकार GOVERNMENT OF INDIA



ಶಬನ ಎಂ Shabana M ಜನ್ಮ ದಿನಾಂಕ / DOB: 21/02/1997 ಸ್ತ್ರೀ / FEMALE



7579 9225 0752

आधार — आम आदमी का अधिकार



## विशिष्ट पहचान प्राधिकरण DENTIFICATION AUTHORITY OF INDIA

ವಿಳಾಗ:

D/O エッコロぎ メタッ のだし

ಕ್ರಾನ್, ಶ್ರೀರಾಮನಗರ..

ಬೆಂಗಳೂರು ಇಸ್ಟ್. ಬೆಂ ಳೂರು.

ठॅराग्डिट - 560017

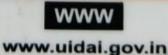
### Address:

D/O Mubarak, #41, 2nd Cross, Sriramanagara, Bangalore East, Bangalore, Karnataka - 560017

7579 9225 C752







P.O. Box No. 1947, Bengaluru-560 001

# आयकर विभाग INCOME TAX DEPARTMENT



भारत सरकार GOVT. OF INDIA



माम / Name

SHABANA M

स्थायी लेखा संख्या कार्ड Permanent Account Number Card

HJJPS6956Q

पिता का नाम / Father's Name MUBARAK

जन्म की तारीख / Date of Birth 21/02/1997

Shabana M

