



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 2086/13030/91193

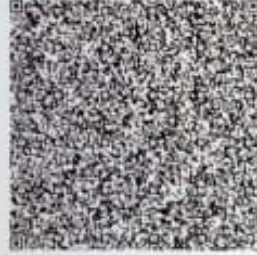
To
ಮರಿಯ ವಿಮಲಿ ಎ
Mariya Vimali A
C/O Alangaram M
No 2/8 4th Main
Govindarajnagar
Bangalore North
Vijayanagar
Bangalore North Bengaluru
Karnataka 560040
9663793726

24/05/2013

176213406



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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

7572 0460 5896

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಮರಿಯ ವಿಮಲಿ ಎ
Mariya Vimali A
ಜನ್ಮ ದಿನಾಂಕ / DOB : 31/10/1998
ಸ್ತ್ರೀ / Female



7572 0460 5896

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

EMPLOYEE BACKGROUND VERIFICATION FORM

COMPANY FULL NAME : Wortgage technologies

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

kormangala

Personal Information

Full Name (I Manya vimali .A		Former Name / Maiden Name (if Applicable)	
Father's Name Alangaram		Date of Birth 31- 10 - 1998	
Gender <input 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	#2/8	From (Month/Year) 2017	Residence Landline Number
Premises Name			
Floor	1st floor		
Corss / Main / Street	4th mian road		
Village Name	govindarajnagar		
Post		To (Month/Year) 2021	Mobile number
Taluk	bangalore		
District	bangalore		
State	karnataka		
Prominent Landmark	ragavendra medical store		
Permanent Address		Period of stay	Contact Details for Verification
Door No / Plot No	#2/8	From (Month/Year)	Residence Landline Number
Premises Name			
Floor	1st floor		
Corss / Main / Street	4th mian road		
Village Name	govindarajnagar		
Post		To (Month/Year)	Mobile number
Taluk	bangalore		
District	bangalore		
State	karnataka		
Prominent Landmark	ragavendra medical store		

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		
vasavi	bangalore university	2017	2019	full time	16DLSB2011
				<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 Vasavi PU college	bangalore	dd/mm/yy 2015	dd/mm/yy 2016	full time	
				<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 Sri vidya	bangalore	2005	2013	full time	
				<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 <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		Designation	
				Department	
Employment Period		Manager's Name		Manager's Contact No	
From	To			Manager's Email ID	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 <input type="checkbox"/> (please specify)				
Previous Employment History - Please attach a copy of your relieving letter/service certificate				
<p>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.</p>				
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 <input type="checkbox"/> None <input type="checkbox"/> (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

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: Mariya Vimali A

Name: Mariya Vimali A

Date: 17-05-2021