**BACKGROUND VERIFICATION FORM – (COMPANY NAME)**

Please provide complete and correct information with utmost attention, all these shall be verified by authorized representatives.

| **PERSONAL DETAILS** | | |
| --- | --- | --- |
| Applicant Name | First Name Middle Name Last Name | |
| Gender: Male  Female | | Date of Birth: |
| Father’s Name: | | Nationality: |
| Email Id: | | Mobile No: |
| **RESIDENTIAL ADDRESS** | | |
| **Current Address** | | |
|  | | |
| City: | | State: |
| PIN Code: | | Duration of Stay  From (mm/yy):  To (mm/yy): |
| **Permanent Address** | | |
|  | | |
| City: | | State: |
| PIN Code: | | Duration of Stay  From (mm/yy):  To (mm/yy): |
| **EDUCATIONAL DETAILS (HIGHEST CERTIFICATION)** | | |
| College Name: | | College Address: |
| Group: | | Major Subject: |
| From:  To: | | Regular  Part Time |
| Copy of Certificate Submitted. | | |

| **EMPLOYMENT HISTORY** | | | |
| --- | --- | --- | --- |
| **Current Employer** | | | |
| Company Name: | | Address: | |
| Employee ID: | Designation: | | Department: |
| Work Period  From: To: | Full Time  Contract Basis | | Last Drawn Salary: |
| Reporting Manager Name & Designation: | Email ID: | | Mobile No. |
| Attached Employment Proof  Experience Certificate Relieving Letter Payslips Any Other | | | |
| **Previous Employer (1)** | | | |
| Company Name: | | Address: | |
| Employee ID: | Designation: | | Department: |
| Work Period  From: To: | Full Time  Contract Basis | | Last Drawn Salary: |
| Reporting Manager Name & Designation: | Email ID: | | Mobile No. |
| Experience Certificate Relieving Letter Payslips Any Other | | | |
| **Previous Employer (2)** | | | |
| Company Name: | | Address: | |
| Employee ID: | Designation: | | Department: |
| Work Period  From: To: | Full Time  Contract Basis | | Last Drawn Salary: |
| Reporting Manager Name & Designation: | Email ID: | | Mobile No. |
| Experience Certificate Relieving Letter Payslips Any Other | | | |

**DECLARATION**

I hereby declare that all the information provided here is true and complete to the best of my knowledge and belief. I promise to extend total cooperation and provide relevant documents if required.

Place:

Date: Applicant’s Signature