

Background Verification Form

Thank you for the interest shown in Virtusa. Please take a few minutes of your time to fill in the following details to help us understand your technical skills and personal competencies better.

Please keep in mind the following when filling up the form:

- 1. Fill in the boxes in the application blank in bold capital letters unless the content is of a descriptive nature.
- 2. Fill in the details according to the format mentioned for the date and day.



NAME (As in Passport/ Govt ID)	STEVEN MA	STEVEN MARCEL		FERNANDES /		
		Give	n Name	Surname		
a. Former Name (s) / Maiden Name (if applicable) -						
b. Names & Previous Names	Jsed in the last	t 7 years -				
Father's Name:		CYPRIAN FE	RNANDES			
Nationality:		INDIAN				
Sex: MALE		Marital Stat	us: MARRIED			
Date of Birth:25/11			Place of Bir Country of I	th (City): Bajpe Birth: India		
ADDRESS P	resent Address			Permanent Address		
House No	o 11/29 Santa	cruz, 18 th Cro	ss 20 th Main	No 11/29 Santacruz, 18 th Cross 20 th Maii		
Locality / City 5	th Phase JPNag	ar Bangalore		5 th Phase JPNagar Bangalore		
State	arnataka			Karnataka		
PIN CODE 5	60078			560078		
Period of Stay	8 years			8 years		
(Mobile Phone) 9	448547126			9448547126		
E-mail ID (Personal)	teveferns@gmail.com			steveferns@gmail.com		
Instant Messaging System ID:						

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Passport No. U6595655	PAN No. AAJPF5153A	SSN No. If any (Mandatory if studied in USA or Canada)

Address His	story (List most recent first) - Please provide addresses fo	r the last 7 ye	ears	
Period of Stay (MM/YYYY)	Complete Address along with Landmark	Country	Zip code	Contact Number with Relation ship
04/2014 - PRESENT	No 11/29 Santacruz, 18 th Cross 20 th Main 5 th Phase JP Nagar Bangalore	India	560078	9448547126 - Self

Famil	y Information (Parents, Brothers, Sisters, Spouse & Children)			
S.No	Name	Relationship	Date of Birth	Age
1	BENNY FERNANDES	MOTHER	26/06/1947	75
2	SIFALI H. S.	WIFE	24/10/1975	47
3	SUZANE FERNANDES	DAUGHTER	03/11/2002	20
4	SHAUN FERNANDES	SON	06/09/2007	15
5				

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EDUCATION INFO	RMATION	1							
Degree	Course	Program (full- time/Part-time)	Elective	College Name and Address	University Name and Address		ration	%	Graduatio n Date (MM/YY)
X	10 [™] Std	Full time		St Joseph's School Karwar	Karnataka state Education Board	01/06/87	31/03/88	65	Apr/1988
XII	12 th Std	Full time		Dr Baliga College of Arts & Science Kumta	Karnataka PreUniversity Education Board	01/06/89	31/03/90	65	Apr/1990
Graduation	B.E.	Full time		Dr Ambedkar Institute of Technology Bangalore	Bangalore University	01/08/90	31/07/94	59.47	Aug/1994
PG									
Others 1									

Details of Previous Employers (Starting from your Current Job, covering up to Last 5 Years of employments) Please attach a copy of your relieving letter/service certificate for this					
Company Name (1): CGI		Last Designation	held: Associate Consultant		
Address (main office and branch where worked): DivyaSree Technopolis, Off HAL Airport Road, Yemalur,	Bangalore	Telephone: 080 4194 0000			
Employment Period: (date, month, year) 02/02/2007 to PRESENT (15 years 10 months)	Employee No: LPS00	Code/ Personnel 0163455	Name of Reporting Manager: Sivaprakasam, Rajesh		
Name of HR: puspanjali.das@cgi.com	Contact N 09845314		Email Id of HR: puspanjali.das@cgi.com		
Designation & Department of Reporting Manager Manager Consulting Delivery - Energy & Utilities		lo of Reporting 9620093933	Email ID of Reporting Manager: rajesh.sivaprakasam@cgi. com		
Name of Alternative Reporting Manager	Contact N	Contact No of Alternative Reporting Manager:			
Designation & Department of Alternative Reporting Manager	Email ID of Alternative Reporting Manager:				
Whether employment is of permanent or temporary nature - Permanent					
Agency Details (if temporary or contractual)					
Remunerations (CTC pa)	Reason(s)	Reason(s) for Leaving: Better Career Prospects			
24.5 LPA					

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Details of Previous Employers (Starting from your Current Job, covering up to Last 5 Years of employments)					
Please attach a copy of your relieve	ving letter	<u>service certificate</u>	e for this		
Company Name (2): Wisor Telecom		Last Designation held: Senior Software Engineer			
Address (main office and branch where worked): Royal Arcade, 3 rd Floor 80 feet Road, Koramangala Bangal	ore	Telephone: 080-2	5525821		
Employment Period: (date, month, year) From 08/03/2004 To 01/02/2007	Employee No: 109	Code/ Personnel	Name of Reporting Manager Vinod Raman		
Name of HR: Aruna Kaul	Contact N 080-25525		Email Id of HR:		
Designation & Department of Reporting Manager Technical Director	Contact No of Reporting Manager: 080-25525821		Email ID of Reporting Manager:		
Name of Alternative Reporting Manager	Contact No of Alternative Reporting Manager:				
Designation & Department of Alternative Reporting Manager	Email ID of Alternative Reporting Manager:				
Whether employment is of permanent or temporary nature - Permanent					
Agency Details (if temporary or contractual)	5				
Remunerations (CTC pa): 5.5 LPA	Reason(s)	for Leaving : Bette	er Career prospects		

Details of Previous Employers (Starting from your Current Job, covering up to Last 5 Years of employments) Please attach a copy of your relieving letter/service certificate for this					
Company Name (3):		Last Designation h	neld:		
Address (main office and branch where worked):	Telephone:				
Employment Period: (date, month, year) From To Employee No:		Code/ Personnel	Name of Reporting Manager		

Virtusa Ver: 1.8	vírtusa	Page 4 of 11 HR Dept FORMS -Application Blank.
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Name of HR:	Contact N	No. of HR:	Email Id of HR:
Designation & Department of Reporting Manager	Contact N Manager:	lo of Reporting	Email ID of Reporting Manager:
Name of Alternative Reporting Manager	Contact N	lo of Alternative Re	eporting Manager:
Designation & Department of Alternative Reporting Manager	Email ID o	Email ID of Alternative Reporting Manager:	
Whether employment is of permanent or temporary nat	ure - 🗆 Per	manent \square Tempo	rary
Agency Details (if temporary or contractual)			
Remunerations (CTC pa)	Reason(s)	for Leaving	
Details of Previous Employers (Starting from your Cu Please attach a copy of your rel	·		• •
Company Name (4):		Last Designation	held:
Address (main office and branch where worked):		Telephone:	
Employment Period: (date, month, year) From To	Employee No:	· Code/ Personnel	Name of Reporting Manager
Name of HR:	Contact N	lo. of HR:	Email Id of HR:
Designation & Department of Reporting Manager		lo of Reporting	Email ID of Reporting Manager:
Name of Alternative Reporting Manager	Contact N	lo of Alternative Re	eporting Manager:
Designation & Department of Alternative Reporting Manager Ema		of Alternative Repo	rting Manager:
Whether employment is of permanent or temporary nat	ure - □ Der	manent 🗆 Tempo	rany

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			VII 603G
Agency Details (if temporary or contractual)			
Remunerations (CTC pa)	Reason(s)	for Leaving	
Details of Previous Employers (Starting from your Curr Please attach a copy of <u>your relie</u>			• •
Company Name (5):		Last Designation I	neld:
Address (main office and branch where worked):		Telephone:	
Employment Period: (date, month, year) From To	Employee No:	Code/ Personnel	Name of Reporting Manager
Name of HR:	Contact N	lo. of HR:	Email Id of HR:
Designation & Department of Reporting Manager	Contact N Manager:	o of Reporting	Email ID of Reporting Manager:
Name of Alternative Reporting Manager	Contact N	o of Alternative Re	eporting Manager:
Designation & Department of Alternative Reporting Manager	Email ID o	of Alternative Repo	rting Manager:
Whether employment is of permanent or temporary natur	e - 🗆 Per	manent 🗆 Tempoi	ary
Agency Details (if temporary or contractual)			
Remunerations (CTC pa) Reason(s		for Leaving	
	ı		
Details of Previous Employers (Starting from your Current Job, covering up to Last 5 Years of employments) Please attach a copy of your relieving letter/service certificate for this			
Company Name (6):		Last Designation I	neld:
Address (main office and branch where worked):		Telephone:	

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Employment Period: (date, month, year) From To	Employee No:	Code/ Personnel	Name of Reporting Manager
Name of HR:	Contact N	lo. of HR:	Email Id of HR:
Designation & Department of Reporting Manager	Contact N Manager:	lo of Reporting	Email ID of Reporting Manager:
Name of Alternative Reporting Manager	Contact N	lo of Alternative Re	eporting Manager:
Designation & Department of Alternative Reporting Manager	Email ID o	of Alternative Repo	rting Manager:
Whether employment is of permanent or temporary na	ature - 🗆 Per	manent 🗆 Tempo	rary
Agency Details (if temporary or contractual)			
Remunerations (CTC pa)	Reason(s)	for Leaving	
	V		
Details of Previous Employers (Starting from your Control of Please attach a copy of your re			• •
Company Name (7):		Last Designation	held:
Address (main office and branch where worked):		Telephone:	
Employment Period: (date, month, year) From To	Employee No:	Code/ Personnel	Name of Reporting Manager
Name of HR:	Contact N	lo. of HR:	Email Id of HR:
Designation & Department of Reporting Manager	Contact N	lo of Reporting	Email ID of Reporting

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			7 11 40001
Name of Alternative Reporting Manager	Contact N	lo of Alternative Re	eporting Manager:
Designation & Department of Alternative Reporting Manager	Email ID of Alternative Reporting Manager:		
Whether employment is of permanent or temporary natur	re - 🗆 Per	manent \square Tempo	rary
Agency Details (if temporary or contractual)			
Remunerations (CTC pa)	Reason(s)	for Leaving	
Details of Previous Employers (Starting from your Curi	rent Job, c	overing up to Last	5 Years of employments)
Please attach a copy of your relie	ving letter	/service certificate	e for this
Company Name (8):		Last Designation	held:
Address (main office and branch where worked):		Telephone:	
Employment Period: (date, month, year) From To	Employee No:	Code/ Personnel	Name of Reporting Manager
Name of HR:	Contact No. of HR:		Email Id of HR:
		Contact No of Reporting Manager: Email ID of Reporting Manager:	
Name of Alternative Reporting Manager		Contact No of Alternative Reporting Manager:	
Designation & Department of Alternative Reporting Manager		Email ID of Alternative Reporting Manager:	
Whether employment is of permanent or temporary nature - □ Permanent □ Temporary			rary
Agency Details (if temporary or contractual)			
Remunerations (CTC pa)	Reason(s)	for Leaving	

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3.Please declare whether there is any gap between education or employments? (Please tick) No.

If Yes, Please declare the details of your residence address for any/and all gaps between education or employment during your tenure.

From	То	Reason:	Complete Address and Location
From	То	Reason:	Complete Address and Location
From	То	Reason:	Complete Address and Location

REFEREES - Please give two references of which one should necessarily be from your Present Work Place.				
Name & Designation	Current Company	Official Mail ID	Contact Detai	No of Mths / Yrs Of Acquaintance
Sitakant Patnaik - Lead Analyst	CGI	sitakanta.patnaik@cgi.com	6362506580	2 years
Rayalu Krupal - Consultant	Wipro	rayala.krupaludu@wipro.com	9866652127	3 years

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4. Please declare whether you have directorship in any company?

(Please tick) No.

If Yes, please provide the details. (*) Fields are mandatory

Directorship Details (If applicable)			
*Company Name			
Company Status		Company/Operation Closed Functional Re-Located Merged with	
Company also Known as			
*Complete Company Address with Landmark (Where Candidate has worked)			
*Company Contact Number			
*City			*State
*Date of Joining (DD/MMM/YY)			
*Date of Exit (DD/MMM/YY)			
Reason for Leaving			
DIN Number			
*Documents Submitted			

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Declaration and Authorization

I understand that any employment by Virtusa India Private Limited or its affiliated companies is conditioned upon positive responses from my references, bonding eligibility, continued adherence to Virtusa India Private Limited policies and procedures, applicable rules and regulations and job performance satisfactory at all times to Virtusa India Private Limited.

I consent to take any pre or post-employment examinations as may be required by Virtusa India Private Limited or its permitted agents, its representative, and release Virtusa India Private Limited and its agents from any liability that may arise from such examination.

I authorize an inquiry to be made on the information contained on this application. Former employers and officials of education institutes, named on this application are authorized to give information about me and I release them from all liability for issuing such information.

I hereby attest and warrant that all my answers on this application as well as on all forms completed in conjunction with my employment are true and accurate. I understand that my misrepresentation of facts, failure to disclose information required on this application or material change in my information provided which is not reported to Human Resources shall be cause for dismissal regardless of when discovered by Virtusa India Private Limited

I understand, and authorize, that Virtusa may share my consumer report and/or investigative report with third parties including auditors, government agencies, and clients as necessary.

I hereby declare that the information given by me is true and the certificates or documents submitted are genuine to the best of my knowledge.

Signed:

Name in Block Capitals: STEVEN MARCEL FERNANDES

Date: 28/10/2022