Background Verification Form

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PERSONAL DETAILS				
Name of Applicant Surname Chaudhary Middle First Parth				
Maiden Name :				
Have you ever been known by another name?	☐ YES ☑ NO If Yes, please write the other n			
Place of Birth:	Date of Birth (dd/mm/yy): 16/06/1995			
Sex: Male	Nationality: Indian			
Father's Name Manoj Chandhary	Passport No. N 1 00 6982	SSN No. (Mandatory for US address)		
Home Phone -	Office Phone	Mobile 7579246716		
RESIDENTIAL ADDRESS				

RESIDENTIAL ADDRESS			
Permanent Address: 14 - Mohini Road, Madhuban	Enclave, Dalanwala		
City: Deheadun	State: Uttarakhand		
Pin Code: 248001	**Nearest Landmark: How Store		
Name of the contact person at the address: Vineeta Chaudhary			
Relationship of contact person: Mother			
Landline No:	Mobile No. 9411366598		
Nature Of Location: Rented/Owned/Others	Preferred time of the day for conducting the verification, if any:		
Residing Since (Mandatory): 2010	Residing Till (Mandatory): 2018		
City: Dehradun	State: Uttorakhand		
Pin Code: 248001	**Nearest Landmark: Kein Store		

Current Address: 42-402, Indiabulls Greens, VGP Prabhu Nagore, Perumbakkam Chemai – 600100

Name of the contact person at the address :	Shabhank Jain
Relationship of contact person : Frund	
Landline No:	Mobile No. 8989474 901
Nature Of Location: Rented/Owned/Others	Preferred time of the day for conducting the verification, if any: Mouning (8-12 am)
Residing Since (Mandatory): 2017	Residing Till (Mandatory): 2018

EMPLOYMENT RECORD If currently employed, please ment	ion your last working	day in the "To" field.		
Employer 1 Full Name , Cogmzant		Employee ID (Mandatory)	From (mm/yy) Dec 22, 2016	To (mm/yy)
Address 5/535, Old Mahabal Thoraipakkam, Chen	lipnem Roa mai - 600 0 9	d, okkiam - 6	Phone Number - 4 (75792467	
City	State Tamil Nadu	Country	Postal Code	
Reason of Leaving Bettle	opportunitie	٠		
Designation Programmer Analyst		Final Salary (Annual CTC) 362,000		
Supervisor Name & Title Nirmal Kumar Dayalan, G. Manager		HR Manager Name Ritosh, Rowindra		
Supervisor 's Phone Number 8939283401		HR Manager Phone Number 9841455647		

Information Release Form

Chaudhorry

To Whom It May Concern:

parth

Last name	First name	Middle name
•	· · · · · · · · · · · · · · · · · · ·	resentatives and contractors to verify information presented on my vestigative report or consumer report for that purpose.
I hereby grant authority	for the bearer of this letter to	access or be provided with full details
should include appraisal of my requested by the	the dates of employment; the performance, capabilities and	ny company or business for whom I previously worked. This information nature of the position held, [details of my salary upon departure] and and character. In addition, please provide any other pertinent information uthority. I hereby release from liability all persons or entities requesting
of my qualificat	ion/degree (copy of my certific	ates attached)
information in r	espect to my character from the	ne records maintained by local authorities
Parth		10/05/2018
Signature:		Date: dd / mm / yyyy