



Background Screening Form

Experienced ☐

Fresher ☐

Candidate Personal Details	
Applicant ID:	
Full Name:	
Former Name(s) / Maiden Name: (If applicable)	
Father's Name:	
Current Address:	
Permanent Address:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: (DD/MM/YYYY)	
Contact Number 1:	
Alternate Contact: (if any)	
Emergency Contact: (Mandate from Family Members Only)	
PAN Number:	
Email ID:	



Integrity Verification Services Pvt. Ltd.

Registered office:

First Floor, Mittal Chamber, Unit 14A & 14B, 228, Nariman Point, Mumbai, Maharashtra 400021

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Education Details – 1	
Latest Qualification	
Specialization	
Course Start Date (DD/MM/YYYY)	
Course End Date (DD/MM/YYYY)	
Percentage achieved	
Seat Number	
Registration Number	
Full Time/ Part Time/ Distance Education	
College Name	
College Address	
University Name	
University Address	
Any other information you would like to provide:	

Any other information you would like to provide (if any):

Attention:

- Please mention any details for re-examination taken directly from the University or anything else you would like to highlight.
- Please mention if you have attained qualification with correspondence studies and enclose copy of mark sheet with roll no. clearly indicated.
- Please provide clear copy of the Final Year mark sheet / certificates for the education qualification mentioned above.





Education Details – 2	
Latest Qualification	
Specialization	
Course Start Date (DD/MM/YYYY)	
Course End Date (DD/MM/YYYY)	
Percentage achieved	
Seat Number	
Registration Number	
Full Time/ Part Time/ Distance Education	
College Name	
College Address	
University Name	
University Address	
Any other information you would like to provide:	

Any other information you would like to provide (if any):

Attention:

- Please mention any details for re-examination taken directly from the University or anything else you would like to highlight.
- Please mention if you have attained qualification with correspondence studies and enclose copy of mark sheet with roll no. clearly indicated.
- Please provide clear copy of the Final Year mark sheet / certificates for the education qualification mentioned above.





Education Details - 3	
Latest Qualification	
Specialization	
Course Start Date (DD/MM/YYYY)	
Course End Date (DD/MM/YYYY)	
Percentage achieved	
Seat Number	
Registration Number	
Full Time/ Part Time/ Distance Education	
College Name	
College Address	
University Name	
University Address	
Any other information you would like to provide:	

Any other information you would like to provide (if any):

Attention:

- Please mention any details for re-examination taken directly from the University or anything else you would like to highlight.
- Please mention if you have attained qualification with correspondence studies and enclose copy of mark sheet with roll no. clearly indicated.

Please provide clear copy of the Final Year mark sheet / certificates for the education qualification mentioned above.





Education Details – 4	
Latest Qualification	
Specialization	
Course Start Date (DD/MM/YYYY)	
Course End Date (DD/MM/YYYY)	
Percentage achieved	
Seat Number	
Registration Number	
Full Time/ Part Time/ Distance Education	
College Name	
College Address	
University Name	
University Address	
Any other information you would like to provide:	

Any other information you would like to provide (if any):

Attention:

- Please mention any details for re-examination taken directly from the University or anything else you would like to highlight.
- Please mention if you have attained qualification with correspondence studies and enclose copy of mark sheet with roll no. clearly indicated.

Please provide clear copy of the Final Year mark sheet / certificates for the education qualification mentioned above.





Education Details – 5	
Latest Qualification	
Specialization	
Course Start Date (DD/MM/YYYY)	
Course End Date (DD/MM/YYYY)	
Percentage achieved	
Seat Number	
Registration Number	
Full Time/ Part Time/ Distance Education	
College Name	
College Address	
University Name	
University Address	
Any other information you would like to provide:	

Any other information you would like to provide (if any):

Attention:

- Please mention any details for re-examination taken directly from the University or anything else you would like to highlight.
- Please mention if you have attained qualification with correspondence studies and enclose copy of mark sheet with roll no. clearly indicated.

Please provide clear copy of the Final Year mark sheet / certificates for the education qualification mentioned above.





Current Employer	
Company Name:	
Address: (Main Office and Branch where worked)	
Company Board Line Numbers: (No Cell Phone numbers accepted)	
If Deputed by Agency - Agency name and address:	
Tel no of the Agency:	
Employee Code:	
Designation and Dept:	
Date of Joining:(DD/MM/YYYY)	
Date of Leaving:(DD/MM/YYYY)	
Monthly Gross Salary:	
Reasons For leaving:	
HR Name and Contact No: (Mandate)	
HR's Official Mail ID: (Mandate)	
Supervisor's Name and Designation:	
Supervisor's Official Mail ID:	
Supervisor's direct Line no. and Mobile no.:	
Any other information you would like to provide:	

Attention:

- Please provide the Employee Code mandatorily and clearly
- Please provide a copy of the last Salary Slip of your Current Employer





Previous Employer 1	
Company Name:	
Address: (Main Office and Branch where worked)	
Company Board Line Numbers: (No Cell Phone Numbers accepted)	
If Deputed by Agency - Agency name and address:	
Tel no of the Agency:	
Employee Code:	
Designation and Dept:	
Date of Joining:(DD/MM/YYYY)	
Date of Leaving:(DD/MM/YYYY)	
Monthly Gross Salary	
Reasons For leaving	
HR Name and Contact No: (Mandate)	
HR's Official Mail ID: (Mandate)	
Supervisor's Name and Designation:	
Supervisor's Official Mail ID:	
Supervisor's direct Line no. and Mobile no.:	
Any other information you would like to provide:	

Attention:

- Please provide the Employee Code mandatorily and clearly
- Please provide a copy of the last Salary Slip of your Current Employer
- Please provide a copy of your Relieving Letter / Service Certificate for Employment mentioned above





Previous Employer 2	
Company Name:	
Address: (Main Office and Branch where worked)	
Company Board Line Numbers: (No Cell Phone numbers accepted)	
If Deputed by Agency - Agency name and address:	
Tel no of the Agency:	
Employee Code:	
Designation and Dept:	
Date of Joining:(DD/MM/YYYY)	
Date of Leaving:(DD/MM/YYYY)	
Monthly Gross Salary	
Reasons For leaving	
HR Name and Contact No: (Mandate)	
HR's Official Mail ID: (Mandate)	
Supervisor's Name and Designation:	
Supervisor's Official Mail ID:	
Supervisor's direct Line no. and Mobile no.:	
Any other information you would like to provide:	

Attention:

- Please provide the Employee Code mandatorily and clearly
- Please provide a copy of the last Salary Slip of your Current Employer
- Please provide a copy of your Relieving Letter / Service Certificate for Employment mentioned above



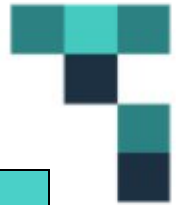


Previous Employer 3	
Company Name:	
Address: (Main Office and Branch where worked)	
Company Board Line Numbers (No Cell Phone numbers accepted)	
If Deputed by Agency - Agency name and address:	
Tel no of the Agency:	
Employee Code:	
Designation and Dept:	
Date of Joining:(DD/MM/YYYY)	
Date of Leaving:(DD/MM/YYYY)	
Monthly Gross Salary	
Reasons For leaving	
HR Name and Contact No: (Mandate)	
HR's Official Mail ID: (Mandate)	
Supervisor's Name and Designation:	
Supervisor's Official Mail ID:	
Supervisor's direct Line no. and Mobile no.:	
Any other information you would like to provide:	

Attention:

- Please provide the Employee Code mandatorily and clearly
- Please provide a copy of the last Salary Slip of your Current Employer
- Please provide a copy of your Relieving Letter / Service Certificate for Employment mentioned above





Professional Reference 1

Reference Name:	
Reference Relationship with the Candidate:	
Reference Email ID:	
Reference Mobile No:	
Any other information you would like to provide:	

Professional Reference 2

Reference Name:	
Reference Relationship with the Candidate:	
Reference Email ID:	
Reference Mobile No:	
Any other information you would like to provide:	





Letter of Authorization

To whom it may concern

I hereby authorize Integrity Verification Services Private Limited (IVS) and any of its representatives to verify all the information provided in my application of employment and to conduct such enquiries as may be required by IVS to verify facts of such information provided by me.

I hereby authorize all individuals, Private Establishments, Government establishments/Agencies, Educational institutions who may have information relevant to this enquiry to co-operate to IVS and/or its representatives such information as may be required. I hereby release IVS, all its personnel and representatives from any liability which could result, either directly or indirectly, from the disclosure of information by a third party to another party in response to such enquiries.

Name in Block Capitals:

Date:

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