




## BACKGROUND VERIFICATION FORM

Personal Details		
Full Name: Indroneel Sengupta		Gender: Male      Marital Status: Single
Date of Birth: 02/12/1995	Nationality: Indian	Father's name: Bishwajeet Sengupta
Employee No: X5208		Designation: Associate Software Engineer
Place of joining: Pune		Date of Joining: 03/07/2017
PAN No:  FWHPS7110D	Passport No:  P6176085	Place of Issue: Nagpur
		Date of Issue: 16/06/2017
		Date of expiry: 15/06/2027

CURRENT ADDRESS	PERMANENT ADDRESS
A-5, Sree Sai PG , Near D-Mart, Behind Crosswinds, Laxman Nagar, Baner, Pune - 411045	Plot No. 51, Professors colony, Kalamna rd, Ranala , Kamptee, Dist-Nagpur - 441001
Period of Stay: 20 days	Period of Stay: 22 yrs
Telephone (Home): ----	Telephone (Home): +91-7620384938
Mobile: +91-7620284462	Mobile: +91-762084462
Email ID: <a href="mailto:sengupta.indroneel@gmail.com">sengupta.indroneel@gmail.com</a>	Email ID: <a href="mailto:sengupta.indroneel@gmail.com">sengupta.indroneel@gmail.com</a>

Previous Address (if stay at current address is less than 6 months)	Other address (if any). Mention NA below if not applicable
NA	NA
Period of Stay:	Period of Stay:
Telephone (Home):	Telephone (Home):
Mobile:	Mobile:
Email ID:	Email ID:

  
 Signature of the candidate: \_\_\_\_\_


## EDUCATION DETAILS

Type of qualification	Qualification Name & Specialization	Name of University	Name of College	Mode of education (full time / part time)	Seat No. / Roll No. / Regd. No.	Tenure of Study / Year of passing	Percentage / Grade Obtained
Post-Graduation / Professional Certification	-	-	-	-	-	-	-
Graduation / Diploma	BE (Information technology)	R.T.M Nagpur university	S.B Jain Institute Of Technology ,Management & Research	Full Time	2015016600392191	4/2017	CCPA= 6.96
10 + 2	HSC	Maharashtra state board	S.K Porwal Jr. College Kamptee	Full Time	N029759	2/2013	64.67%
SSC	SSC	Maharashtra state board	St. Joseph's Convent High School Kamptee	Fulltime	J109727	2011	86.73%

**Checklist of Documents (tick appropriate):**

- ☐ Copy of Degree certificate (or)
- ☐ Copy of Provisional Degree Certificate (or)
- ☐ Copy of consolidated marks card (or)

**Please note, atleast one of the documents listed above is mandatory**

Signature of the candidate: 


## EMPLOYMENT DETAILS

Type of qualification (tick appropriate)	Name & Address of the Employer	Employee ID	Designation	Tenure of Employment (dd/mm/yy to dd/mm/yy)	Agency Details (in case of contractual employment)	Remuneration	Reason for Leaving
<input type="checkbox"/> Current <input type="checkbox"/> Previous	-  Telephone:	-	-	-	-	-	-
<input type="checkbox"/> Current <input type="checkbox"/> Previous	  Telephone:						
<input type="checkbox"/> Current <input type="checkbox"/> Previous	  Telephone:						
<input type="checkbox"/> Current <input type="checkbox"/> Previous	  Telephone:						

Add copy of pages in case of employment more than 4.

### Checklist of Documents:

- ☐ Copy of Experience Letter / Relieving Letter
- ☐ Copy of Recent Pay-slip (proof of employee id)

Signature of the candidate: 

## DECLARATION OF GAPS (IF ANY)

Gaps in Employment (if any):

Duration From (mm/yy) – To (mm/yy)	Reason for Gap	Address stayed during the period
NA	NA	NA

Break between Education and Employment (if any):

Duration From (mm/yy) – To (mm/yy)	Reason for Gap	Address stayed during the period
NA	NA	NA

Signature of the candidate: 


## LETTER OF AUTHORIZATION

### TO WHOMSOEVER IT MAY CONCERN

I hereby authorize Xoriant Solutions Pvt. Ltd. (name of the employer) (or a third party agent appointed by the Company) to contact any former employers as indicated above and carry out all background checks, not restricted to education and employment, as deemed appropriate through this selection procedure.

I authorize former employers, agencies, educational institutes etc. to release any information pertaining to my employment/education and I release them from any liability in doing so.

I also authorize Xoriant Solutions Pvt. Ltd. (name of the employer) to share/provide a reference check covering my services with the Company to any third party/agency conducting a reference check on behalf of an employer/agency. This authorization survives any cessation of service/training with the Company.

Name in Block Letters:	INDRONEEL SENGUPTA
Signature of the Candidate:	
Place:	PUNE
Date (dd/mm/yyyy):	17/07/2017

Signature of the candidate: 