

## AUTHORIZATION NOTE

### 'To whom so ever it may concern'

I authorize the Company or the retained third parties to obtain investigative employment verification report in connection to my application for employment

The employment verification report may include information regarding my character, general reputation, personal characteristics, Education (Authentication of acquired or pursuing Degrees/Diplomas); Employment history; Credit history; court records, including criminal verification records as permitted by law; Passport Verification; Permanent Account Number verification; Drug Test; Finger Print Verification; Address Verification ,references from professional and personal associates as maybe applicable and any other check as found relevant for the profile.

I further understand and agree that the employment verification report may be obtained at any time and any number of times as necessary before, during or post my employment.

I provide my consent to the company or the third parties for the processing of any sensitive personal information obtained for the purpose of verification and call me in case any further information is required.

I understand that some or all of the information I have provided in this application form will be held as digitized or physical records for a period as defined by the data retention norms.

I hereby authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to the Company or any other third party/ies retained by them for the purpose.

I understand that the continuance of the employment or the offer of employment is contingent upon the outcome of the background check conducted on me.

The proof of Identity enclosed and self attested for reference. A Photostat, or any other copy, of this instrument bearing my signature shall be equally legally valid as the original.

All the information furnished by me in the Background Verification Form is true to the best of my knowledge.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**Note:** It is mandatory to duly sign the form on the space provided above or else the application form would be rejected.