**Background Verification Form**

**(Please read carefully before filling up the form)**

**Please note the following while filling up the form**:

* All details asked have to be furnished
* **Dates need to be mentioned in dd/mm/yyyy** format wherever asked. Please note, Dates of employment need to be mentioned in full.
* Contact Nos. of employers and supervisors are mandatory
* Current Company will be one prior to Capgemini and accordingly, Previous Company will be the one before Current Company**.**
* Please read the Letter of Authorization carefully. **Physical signature on the same is mandatory.**
* Please print this form clearly and complete with accurate information (if required)

**Supporting Documents to be submitted:**

* **Relieving letter and Experience Letter** from the Current Company OR Offer Letter along with Resignation Acceptance and first & last salary slip.
* **Relieving letter and Experience Letters** from the Previous Organization
* **Highest Degree Mark sheet and Degree Certificate** OR Provisional Certificate from the college declaring the Student ID and Duration of Course)

###### Background Verification Form

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

Date o Birth  :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                 Marital Status: Married /Single

Maiden / Former Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Gender: Female / Male

Email Id:                            Contact No:

Address of Communication:

**Employment Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.** |  | **Company 1**  **(Current Company)** | **Company 1**  **(Previous Company)** |
| 1 | Employer Name and full address |  |  |
| 2 | Office Landline Numbers |  |  |
| 3 | Dates Employed |  |  |
| 4 | Job Title / Designation |  |  |
| 5 | Gross Salary |  |  |
| 6 | Supervisor Name & Contact Number |  |  |
| 7 | Reason for Leaving |  |  |
| 8 | Employee Code |  |  |
| 9 | Agency Details  (For Contractual / Temporary Employees) |  |  |

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

# Education Qualification

|  |  |  |
| --- | --- | --- |
| **Sr.** |  | **Institution 1 [Highest Degree Obtained]** |
| 1 | Exam Passed/Degree Obtained |  |
| 2 | Institution/College Name and Address |  |
| 3 | Institution/College Landline Numbers |  |
| 4 | Year of Passing |  |
| 5 | Seat Number |  |
| 6 | Period : From / To |  |
| 7 | Stream/ Main Subjects |  |
| 8 | Percentage |  |

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