

EMPLOYMENT VERIFICATION FORM**CANDIDATE ID NUMBER: NAJMUDHEEN M****DATE OF JOINING: 16/02/1994****Please provide complete and correct information. All fields are mandatory.****Please do not use short forms/Abbreviations.****Please fill up this form in uppercase letters.****Hardcopy of this form along-with Supporting Documents has to be Submitted (Duly signed and with a Photograph) to your Location Contact Point.**

PERSONAL DETAILS	
Father's Name:	HUSSAIN M
Nationality	INDIAN
Date of Birth (DD/MM/YYYY)	10/09/1994
Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: Married <input type="checkbox"/> Unmarried <input checked="" type="checkbox"/> Maiden Name (applicable for married ladies)

CONTACT DETAILS						
Permanent Residential Address (Number and Street) Period of Stay			MANIYALIL HOUSE NELLIKUTH POST MALAPPURAM, KERALA PINCODE: 676122			
			From		To	
Current Residential Address (Number and Street) Period of Stay			From <div style="float: right;">To</div>			
Contact Telephone No. (Specify Location Codes)			Office Telephone No.	Mobile/Pager	Email Address	
Current	Intermediate	Permanent				

EDUCATIONAL RECORD -of your highest and completed education qualification (Please attach Self-attested copy of degree certificate and mark sheet for this)-Incase studied directly through the university, though correspondence or through distance education, please mention clearly.					
College Name/Address	HIDAYATH ARTS AND SPORTS MANJERI				
University Name/ Address	BOARD OF HIGHER SECONDARY EXAMINATION THIRUVANANTHAPURAM				
From (Month/yr)	To (Month/Yr)	Graduated	Program	%/ Class	Student Id No./Enrolment No.
		Yes No	Part-time Full-Time		
Type of Degree certificate, diploma	Graduation Date (month/yr)	Subject Major			
Copy of Certificate Attached		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>	
Social Security Number (Mandatory if Studied in U.S.A)					

8H838G8H898987532468



GOVERNMENT OF KERALA
BOARD OF HIGHER SECONDARY EXAMINATIONS
THIRUVANANTHAPURAM



No. HSE 618533

CERTIFICATERegister
Number**7803478**This is to certify that Mr/Ms. **NAJMUDHEEN .M**(.....**COMMERCE**.....GROUP) held in **MARCH 2020**He/She is **ELIGIBLE**

.....appeared for the HIGHER SECONDARY EXAMINATION

.....for higher studies.

The Scores and Grades obtained by the candidate are shown below:-

No. of Chances : **6**

SUBJECTS	FIRST YEAR			SECOND YEAR			GRAND TOTAL			Grade Obtained	Grade in Words
	CE	TE	Total	CE	PE	TE	CE	PE	TE		
PART I ENGLISH	16	29	45	16	--	36	52	32	65	C	C only
PART II ARABIC	18	66	84	16	--	61	77	34	127	A	A only
PART III (Optionals) BUSINESS STUDIES WITH FUNCTIONAL MANAGEMENT	16	27	43	16	--	21	37	32	48	C	C only
ACCOUNTANCY WITH AFS	16	24	40	16	--	29	45	32	53	C	C only
ECONOMICS	16	34	50	16	--	32	48	32	66	C	C only
POLITICAL SCIENCE	17	34	51	16	--	37	53	33	71	C+	C plus

Eligibility for Higher Studies : D+ ~~C~~ for above for all subjects. * Scores obtained in the previous examination(s).

DR. VINAYAKUMAR.M

Signature of the Principal
with name seal

15.07.2020

Date of publication of result

SECRETARYBoard of Higher Secondary Examinations,
Government of Kerala

Employments. Ensure that you are descriptive wherever necessary-e.g. If Co. is closed do mention it, Telephone number with specific location code. Employee Code/ID/Number is Mandatory. If your previous employer did not provide the latter, please mention and state reasons for the same.

EMPLOYMENT 1 (LATEST)

Employment History-Please attach a self attested copy of your relieving letter/Service certificate for this. Please do not use abbreviations for company names.			
Company Name:		Position Held:	
Address (main office and branch where worked)		Company Telephone:	
<u>Employment Period</u> (dd/mm/yyyy)		Reported to (Name & Position):	Name of HR Manager
Whether employment is of permanent or temporary nature (Contract positions are temporary)			
Permanent	Temporary	Employee Code/Personnel No:	
Responsibilities:			
Last Monthly Gross Salary (Please attach the self-attested copy of your last pay slip.)		Reasons for Leaving	
Can verification be done now?	Yes	No	
If No, When can it be done?			

EMPLOYMENT 2

Employment History-Please attach a self-attested copy of your relieving letter/Service certificate for this.			
Company Name:		Position Held:	
Address (main office and branch where worked)		Company Telephone:	
<u>Employment Period</u> (dd/mm/yyyy)		Reported to (Name & Position):	
Whether employment is of permanent or temporary nature (Contract positions are temporary) <div style="display: flex; justify-content: space-between;"> Permanent Temporary Employee Code/Personnel No: </div>			
Responsibilities:			
Last Monthly Gross Salary (Please attach the self-attested copy of your last pay slip.)		Reasons for Leaving	
Can verification be done now?		Yes	No
If No, When can it be done?			