Background Verification Form

PERSONAL DETAILS		
Name of Applicant		
Surname Kumar		
Middle		
First Nitish		
Maiden Name :		
Have you ever been known by	Have you ever been known by ☐ YES 🖼 NO	
another name?	If Yes , please write the other na	ame:
Place of Birth: Dhanbad	Date of Birth (dd/mm/yy): 30/0	
Sex: Male	Nationality: Indian	
Father's Name	Passport No.	SSN No.
SL. Yadav		(Mandatory for US address)
Home Phone 020-27029097	Office Phone N.A.	Mobile: 8087699000
PESIDENTIAL ADDRESS		

RESIDENTIAL ADDRESS				
Permanent Address Opp. Railway Girls High School, Shivaji Nagar, Bhaga, Dhanbad				
City : Dhanbad	State: Jharkhand			
Pin Code: 828301	**Nearest Landmark : Lodna More			
Name of the contact person at the address : Umesh Yadav				
Relationship of contact person : Uncle				
Landline No. N.A. Mobile No. 9708563664				
Nature Of Location: Rented/Owned/Others Owned	Preferred time of the day for conducting the verification, if any :			
Residing Since (Mandatory): 1960	Residing Till (Mandatory): 2020			

Current Address

D-503, Star Gaze Society , Dhanori -Lohegoan Road , Dhanori

City: Pune	State : Maharashtra
Pin: 411015	Nearest Landmark : Octroi Naka
Contact Person at the address : Geeta Yadav	
Relationship of contact person : Mother	

Landline No. 020-27029097 Mobile No. 8793433959

Nature Of Location: Rented/Owned/Others Preferred time of the day for conducting the

Rented verification, if any :

Residing Since (Mandatory): 2009 Residing Till (Mandatory): 2016

EDUCATION RECORD

EDUCATION RECORD (Start with the latest/ highest qualification; please attach photocopies of the documents) All fields are mandatory

Name & Address of School/College /Institute	Name & Address of University its affiliated	Type of Degree/Dipl oma obtained. State "F" for fulltime and "P" for part-time within brackets	Dates At	tended To	Roll Number/Regis tration Number/Exam Seat number
SICSR, Pune	Symbiosis International University, Pune	(F)	2013	2015	13030142074
Spicer M. Colege, Pune	Pune University, Pune	(F)	2009	2012	1020905631
De Nobili School, Dhanbad	ICSE Board	(F)	2008	2009	20124299
De Nobili School, Dhanbad	ICSE Board	(F)	2006	2007	4970041

PROFESSIONAL EDUCATION RECORD

PROFESSIONAL EDUCATION RECORD (FRESHER)

(Start with the latest/ highest qualification; please attach photocopies of the documents) All fields are mandatory

Name & Address of School/College/Insti tute (Mandatory)	Name & Address of University its affiliated (Mandatory)	Type of Degree/Dipl oma obtained. State "F" for fulltime and "P" for part-time within brackets	Dates At	tended To	Roll Number/Regis tration Number/Exam Seat number
SICSR, Pune	Symbiosis International University, Pune	(F)	2013	2015	13030142074
Spicer M. Colege, Pune	Pune University, Pune	(F)	2009	2012	1020905631

EMPLOYMENT RECORD (FRESHER)

If you are still employed in this organization, please fill in the date before which you would not like the verification to be initiated in the "To" column. If you are not sure or would like to intimate this date later, please write 'Still Employed'

Employer 1 Full Name			Employee ID	From (mm/yy)	To (mm/yy)	
Address				Phone Number		
City	State	Country		Postal Code		
Job Title		Reason of Leaving				
Designation		Final Salary (Annual CTC)				
Supervisor Name	& Title	HR Manager Name				

Supervisor 's Phone Number	HR Manager Phone Number

EMPLOYMENT RE	CORD (FRESHER)				
Employer 2 Full Name			Employee ID		From (mm/yy)	To (mm/yy)
Address					Phone Numbe	r
City	State	Country		Post	tal Code	
Job Title		Reason of Lea	iving			
Designation		Final Salary (A	nnual C	TC)		
Supervisor Name & Title		HR Manager Name				
Supervisor 's Phone Number		HR Manager Phone Number				
EMPLOYMENT RE	CORD (FRESHER	₹)				
Employer 3 Full Name		Employee ID		yee	From (mm/yy)	To (mm/yy)
Address					Phone Number	
City	State	Country		Post	Postal Code	
Job Title Reason		Reason of Lea	Reason of Leaving			
Designation F		Final Salary (Annual CTC)				
Supervisor Name	& Title	HR Manager N	Name			

Supervisor 's Phone Number	HR Manager Phone Number

EMPLOYMENT RE	CORD (FRESHE	R)				
Employer 4 Full Name			Employee ID		From (mm/yy)	To (mm/yy)
Address					Phone Numb	er
City	State	Country		Post	tal Code	
Job Title		Reason of Lea	ving			
Designation		Final Salary (A	nnual C	TC)		
Supervisor Name	& Title	HR Manager Name				
Supervisor 's Pho	ne Number	HR Manager I	Phone N	lumbe	er	

GAP VERIFICATION

Residential Address during GAP

period

GAP VERIFICATION (FRESHER) ALL GAPS BETWEEN EDUCATION AND EMPLOYMENTS HAVE TO BE HIGHLIGHTED Note – Please provided valid justification for the GAP **GAP (1)** Period of GAP Reason for GAP Residential Address during GAP period **GAP (2)** Period of GAP Reason for GAP Residential Address during GAP period **GAP (3)** Period of GAP Reason for GAP

References: Please give details of 3 references, preferably not related to you.

PARTICULARS	Reference 1	Reference 2	Reference 3
Name	Amit Sharma	RATNA GANGULY	ROHIT RATHOR
ORGANIZATION	ACCENTURE	XENTO SYS	3 MOBILE
Position	TEAM LEADER	Q.A.	TEAM LEADER
Address	PUNE	Pune	Pune
TELEPHONE	9881199610	8888810366	8956388760
RELATIONSHIP	FAMILY FRIEND	Neighbor	FAMILY FRIEND

Information Release Form

To Whom It May Concer

Please print

I Kumar	Nitish	
Last name	First name	Middle name

I hereby authorize Xento Systems (The Company) and/or or their authorized representatives and contractors to verify information presented on my employment application/resume and to procure an investigative report or consumer report for that purpose.

I hereby grant authority for the bearer of this letter to access or be provided with full details

- of my previous employment record held by any company or business for whom I previously worked. This information should include the dates of employment; the nature of the position held, [details of my salary upon departure] and an appraisal of my performance, capabilities and character. In addition, please provide any other pertinent information requested by the individual presenting this authority. I hereby release from liability all persons or entities requesting or supplying such information.
- of my qualification/degree (copy of my certificates attached)
- information in respect to my character from the records maintained by local authorities

Signature:

24/11/2014
Date: dd / mm / yyyy