

Background Verification Form

Employee Code:		Employee Location :	
PERSONAL DETAILS			
Name of Applicant First - Middle - Surname -			
Maiden Name :			
Have you ever been known by another name?	<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes , please write the other name:		
Place of Birth:	Date of Birth (dd/mm/yy):		
Sex:	Nationality:		
Father's Name -	Passport No.	SSN No. (Mandatory for US address)	
Home Phone:	Office Phone:	Mobile:	

RESIDENTIAL ADDRESS	
Permanent Address	
City :	State :
Pin Code :	Nearest Landmark :
Name of the contact person at the address :	
Relationship of contact person :	
Landline No.:	Mobile No.:
Nature Of Location: Rented/Owned/Others	Preferred time of the day for conducting the verification, if any :
Residing Since (Mandatory):MM/YYYY	Residing Till (Mandatory):MM/YYYY

Current Address	
City :	State :
Pin :	Nearest Landmark :
Contact Person at the address :	
Relationship of contact person :	
Landline No.:	Mobile No.:
Nature Of Location: Rented/Owned/Others	Preferred time of the day for conducting the verification, if any :
Residing Since (Mandatory):MM/YYYY	Residing Till (Mandatory):MM/YYYY

PROFESSIONAL EDUCATION RECORD					
<i>Name & Address of School/College/Institute (Mandatory)</i>	<i>Name & Address of University its affiliated (Mandatory)</i>	<i>Name/Type of Degree/Diploma obtained. State "F" for fulltime and "P" for part-time within brackets</i>	<i>Dates Attended (yyyy)</i>		<i>Roll Number/Registration Number/Exam Seat number</i>
			<i>From</i>	<i>To</i>	