

## **Background Verification Form**

Instructions: Please fill the form in **BLOCK** letters only and do not use any abbreviations Fields Marked in (\*) is mandatory.

	Personal Information								
*First Name	SHAILESH								
*Middle Name	JAYPRAKAS	Н							
*Last Name	SINGH	SINGH						-	
Former/Maiden Name									
*Nationality	INDIAN								
*Gender	■ Male	Male							
*Marital Status	Single	Single					44		
*Date of Birth	2	6	0	4	1	9	8	9	
*Father's Name	JAYPRAKAS	H SINGH							
*Personal Landline No				*Persona	al Mobile N	No.	96997	42111	
*Identification Type (Passport / PAN Card / Driving License / Voter's Card / Aadhaar Card)	PASSPORT			(Passport / P	ication No PAN Card / Drivi ter's Card / Aad	ng	N035	3377	
National Identity No./				-					
Social Security No. (If Applicable for Overseas location)	8519 0139	9556							

Directorship details (If applicable)									
*Company Name									
Company Current Status	Compani		Closed 🔲 Fu	nctional	Re-locate	<mark>ed</mark>			
Company also Known as									
*Complete Company Address with Landmark (Where candidate has worked)									
* Company Contact No.									
*City			*State						
*Date of Joining	D	D	М	М	Υ	Y			
*Date of Exit	D	D	М	м	Υ	Υ			
Reason for Leaving:									
DIN Number									
*Documents submitted			_	_					



	Current Address									
*House / Flat	: Number	601, 6TH	l FLOOR, IF	RIS BUILDIN	G,					
*Building Nu	mber & Name	SRUSHTI SIDDHI MANGALMURTI COMPLEX								
Address Line	1	TEMGHARPADA, KALYAN ROAD, BHIWANDI								
Address Line	2									
Address Line	3									
*City		BHIWAN	IDI		*Postal/ Zip Code 4213			)3		
*State		MAHARA	ASHTRA		*Country INDIA					
*Prominent L	.andmark				•					
*Period of	From	0	1	0	1	2	0	1	8	
Stay	То	D	D	М	М	Y	Υ	Y		Υ
*Landline Nu	mber			•						
*Mobile Num	nber	969974	2111							

	Permanent Address								
Same As Abo	ve	YE	S				□ №		
*House / Flat	t Number								
*Building Nu	mber & Name								
Address Line	1								
Address Line	2								
Address Line	3								
*City					*Postal Code				
*State					*Country				
*Prominent L	_andmark								
*Period of	From	D	D	М	М	Y	Y	Y	Y
Stay	То	D	D	М	М	Y	Y	Y	Y
*Landline Nu	mber								
*Mobile Nun	nber								

;54Previous Addresses							
	HOUSE NO : 548, NEAR BHIWANDI	HOPE ASSEM	IBLY OF GOD (	CHURCH, NAVIBASTI, KAL	YAN ROAD,		
	*City	BHIWANDI		*Postal Code	421302		
Address 1	*Prominent Landmark	NEAR GLORY	ENGLISH HIGH	SCHOOL			
	*State	MAHARASHT	RA	*Country	INDIA		
	*Period of Stay	01/01/1995	31/12/2017	*Contact No. of current tenant / Landlord	OWNED		



## **Education Section**

Instructions: Fields Marked in (\*) is mandatory.

		HIGHEST - Qual	ification 1					
*Name of Qualificat	ion Obtained	BACHELOR OF E	NGINEERING					
* School/ College/In	<mark>istitute - Name</mark>	YESHWANTRAO	CHAVAN COLLEGE	OF ENGINEERING				
*School/ College/In	stitute - Location	HINGNA ROAD,	WANADONGRI, NA	GPUR - 441110				
School/ College/Inst	t <mark>itute - Contact No</mark>	+91-7104-242919, 242623						
*University / Board	– Name	RASHTRASANT	TUKADOJI MAHARA	J NAGPUR UNIVE	RSITY			
*University / Board	– Location	NAGPUR						
Enrolment / Roll / Registration Number		NU/A9/44797						
*David of Charles	From	0	8	0	8			
*Period of Study	То	0	6	1	2			
*Year of Passing	2012	*Graduated	Yes	No D	Pursuing			
*Course Attended		Regular / Fu	<mark>II Time 🔲 Part T</mark>	<mark>ïme</mark> 🗆 Co	rrespondence			
		Final Year M	ark-sheet Deg	gree Certificate (Ald	ong with backside if any)			
*Documents Submitted		Provisional Certificate Consolidated Marksheet						
		Other -:						
		— Janer 1						
		Qualificati	on 2					
*Name of Qualificat		Qualificati	on 2					
* School/ College/In	nstitute - Name	Qualificati	on 2					
* School/ College/In	nstitute - Name stitute - Location	Qualificati	on 2					
* School/ College/In *School/ College/In School/ College/Ins	stitute - Name stitute - Location stitute - Contact No	Qualificati	on 2					
* School/ College/In	stitute - Name stitute - Location stitute - Contact No	Qualificati	on 2					
* School/ College/In *School/ College/In School/ College/Ins	stitute - Name stitute - Location stitute - Contact No - Name	Qualificati	on 2					
* School/ College/In *School/ College/Ins School/ College/Ins *University / Board *University / Board	stitute - Name stitute - Location stitute - Contact No - Name							
* School/ College/In *School/ College/Ins School/ College/Ins *University / Board *University / Board Enrolment / Roll / R	stitute - Name stitute - Location stitute - Contact No - Name - Location	М	М	Y	Y			
* School/ College/In *School/ College/Ins School/ College/Ins *University / Board *University / Board	stitute - Name stitute - Location stitute - Contact No - Name - Location segistration Number			Y	Y			
* School/ College/In *School/ College/Ins School/ College/Ins *University / Board *University / Board Enrolment / Roll / R	stitute - Name stitute - Location stitute - Contact No - Name - Location segistration Number From	М	M M	Y				
* School/ College/In *School/ College/Ins School/ College/Ins *University / Board *University / Board Enrolment / Roll / R *Period of Study *Year of Passing	stitute - Name stitute - Location stitute - Contact No - Name - Location segistration Number From	M	M M	No D	Y			
* School/ College/In *School/ College/Ins School/ College/Ins *University / Board *University / Board Enrolment / Roll / R *Period of Study *Year of Passing	stitute - Name stitute - Location stitute - Contact No - Name - Location segistration Number From To	M M *Graduated	M M Yes □	No D	Pursuing rrespondence			
* School/ College/In *School/ College/Ins School/ College/Ins *University / Board *University / Board Enrolment / Roll / R *Period of Study *Year of Passing *Course A	stitute - Name stitute - Location stitute - Contact No - Name - Location segistration Number From To	*Graduated  Regular / Fu	M M Yes □ II Time □ Part T ark-sheet □ Deg	No G	Pursuing rrespondence ong with backside if any)			



		Qualificati	on 3		
*Name of Qualificat	ion Obtained				
* School/ College/In	stitute - Name				
*School/ College/In	stitute - Location				
School/ College/Ins	titute - Contact No				
*University / Board	– Name				
*University / Board	– Location				
Enrolment / Roll / R	Enrolment / Roll / Registration Number				
*Period of Study	From	М		И	Y
Period of Study	То	М		И	Y
*Year of Passing		*Graduated	□Yes [	□No	□Pursuing
*Course Attended		□Regular / Fu	II Time 🔲 Par	:Time [	Correspondence
*Documents Submitted		☐Final Year M	ark-sheet 🔲 🗆	egree Certifica	ate (Along with backside if any)
		☐ Provisional (	Certificate $\Box$	Consolidated N	Marksheet
		Other -:			
		Qualificati	on 4		
*Name of Qualificat		Qualificati	on 4		
* School/ College/In	stitute - Name	Qualificati	on 4		
* School/ College/In	stitute - Name	Qualificati	on 4		
* School/ College/In *School/ College/Inst	stitute - Name stitute - Location titute - Contact No	Qualificati	on 4		
* School/ College/In *School/ College/Inst *Chool/ College/Inst *University / Board	stitute - Name stitute - Location titute - Contact No – Name	Qualificati	on 4		
* School/ College/In *School/ College/Inst *Chool/ College/Inst *University / Board *University / Board	stitute - Name stitute - Location titute - Contact No - Name - Location	Qualificati	on 4		
* School/ College/In *School/ College/Inst *Chool/ College/Inst *University / Board	stitute - Name stitute - Location titute - Contact No - Name - Location				
* School/ College/In *School/ College/Inst *Chool/ College/Inst *University / Board *University / Board	stitute - Name stitute - Location titute - Contact No - Name - Location	M		A	Y
* School/ College/In *School/ College/In School/ College/Inst *University / Board *University / Board Enrolment / Roll / R *Period of Study	stitute - Name stitute - Location titute - Contact No  - Name - Location egistration Number	M		1	Y Y
* School/ College/In *School/ College/Inst School/ College/Inst *University / Board *University / Board Enrolment / Roll / R  *Period of Study  *Year of Passing	stitute - Name stitute - Location titute - Contact No - Name - Location egistration Number From To	*Graduated	Yes	n <sub>No</sub>	Y Pursuing
* School/ College/In *School/ College/Inst School/ College/Inst *University / Board *University / Board Enrolment / Roll / R  *Period of Study  *Year of Passing	stitute - Name stitute - Location titute - Contact No - Name - Location egistration Number From	*Graduated Regular / Fu	□ Yes □ Par	No Time	Pursuing Correspondence
* School/ College/In *School/ College/Inst School/ College/Inst *University / Board *University / Board Enrolment / Roll / R  *Period of Study  *Year of Passing	stitute - Name stitute - Location titute - Contact No - Name - Location egistration Number From To	*Graduated	□ Yes □ Par	No Time	Y Pursuing
* School/ College/In  *School/ College/Inst  School/ College/Inst  *University / Board  *University / Board  Enrolment / Roll / R  *Period of Study  *Year of Passing  *Course A	stitute - Name stitute - Location titute - Contact No - Name - Location egistration Number From To	*Graduated Regular / Fu	□ Yes □ Par ark-sheet □ □	No Time	Pursuing Correspondence ate (Along with backside if any)
* School/ College/In *School/ College/In School/ College/Inst *University / Board *University / Board Enrolment / Roll / R *Period of Study  *Year of Passing *Course A	stitute - Name stitute - Location titute - Contact No - Name - Location egistration Number From To Attended	*Graduated Regular / Fu Final Year M Provisional C	□ Yes □ Par ark-sheet □ □	No Time egree Certifica	Pursuing Correspondence ate (Along with backside if any)



## **Employment Section**

Note: Please start with your most recent employer Instructions: Fields Marked in (\*) is mandatory.

Current Employer 1								
*Company Name	JIO PLATFORI	MS LIMITED						
Company Current Status	Company Merged	<mark>//Operation C</mark> with	llosed 🔲 Fu	nctional	Re-locate	ed		
Company also Known as	RELIANCE JIC	) INFOCOMM	PVT LTD					
*Complete Company Address with Landmark (Where candidate has worked)	1	RELIANCE CORPORATE PARK, THANE-BELAPUR ROAD, GHANSOLI, NAVI MUMBAI - 400701						
* Company Contact No.								
*City	NAVI MUMB	AI	*State		MAHARASH	TRA		
*Designation (As per Document)			*Supervisor N Designation	Name and	ASHISH SETI Dy. General	•		
		*Supervisor's Contact No.				5		
Department	*Supervisor's Email ID				ashish.sethi@ril.com			
*Remuneration (Last Drawn Salary)	71,585		*HR Name		PRACHI PAWAR			
*Employee ID	55026614		*HR Contact No. and email ID		8591306349 prachi.pawar@ril.com			
*Date of Joining	1	3	1	1	1	7		
*Date of Exit	2	7	0	4	2	1		
Reason for Leaving:								
*Employment Type	Full - Time	е		☐ Part-T	ime			
*Nature of Employment	Probation		Permanent	Contrac	ctual 🔲 T	emporary		
*Documents submitted	Reliving I Other	Letter 🔲	Experience Let	tter 🔲 Servic	e Letter 🔃	Pay Slip		
Third Party (Name and complete address) (If through contract)								
Can we contact HR / Supervisor now (Y/N) if No, then date:-	□Yes	(	No	Date: 01	L-JUN-2021			



		Empl	oyer 2					
*Company Name	SS&C GLOBE	OP FINANCIA	L SERVICES (IND	DIA) PVT. LTD.				
Company Current Status	Company  Merged	y/Operation ( with	Closed 🔲 Fu	nctional	Re-locate	ed		
Company also Known as	GLOBEOP FIN	NANCIAL SER\	/ICES					
*Complete Company Address with Landmark (Where candidate has worked)	1	MINDSPACE, BUILDING NO 5 & 6, MIDC INDUSTRIAL AREA, AIROLI, NAVI MUMBAI, MAHARASHTRA- 400708						
* Company Contact No.								
*City	NAVI MUMB	AI	*State		MAHARASH	TRA		
*Designation (As per Document)	SENIOR ASSO	OCIATE	*Supervisor N Designation	Name and	SM IBNUL V Associate D	•		
(As per Document)			*Supervisor's Contact No.		9821913406			
Department		*Supervisor's Email ID swais@sscinc.com						
*Remuneration (Last Drawn Salary)	55005		*HR Name		BRIAN D'SOUZA			
*Employee ID	5196		*HR Contact No. and email ID		9833632921 bdsouza@sscinc.com			
*Date of Joining	1	8	0	7	1	6		
*Date of Exit	2	3	1	0	1	7		
Reason for Leaving:								
*Employment Type	Full - Tim	e		☐ Part-T	ime			
*Nature of Employment	☐ Probation	n 📄	Permanent	Contra	ctual 🔲 T	- emporary		
*Documents submitted	Reliving I	_	Experience Let	tter 🔲 Servic	ce Letter 🔳	Pay Slip		
Third Party (Name and complete address) (If through contract)								



Employer 3								
*Company Name	NAAPTOL ON	ILINE SHOPPI	NG PVT. LTD.					
Company Current Status	Company  Merged	y/Operation C with	Closed 🔲 Fu	nctional	Re-locate	<mark>ed</mark>		
Company also Known as	NAAPTOL.CC	NAAPTOL.COM						
*Complete Company Address with Landmark (Where candidate has worked)	1	4TH FLOOR, SIGMA IT PARK, TTC INDUSTRIAL ESTATE AREA, OPP. RABALE RAILWAY STATION, RABALE, NAVI MUMBAI - 400701						
* Company Contact No.	9220062000							
*City	NAVI MUMB	AI	*State		MAHARASH	TRA		
*Designation (As per Document)	SOFTWARE E	SOFTWARE ENGINEER		Name and	MOHIT JAIN Associate Vi	l, ice-President		
(AS per Bocument)			*Supervisor's Contact No.		8286246248			
Department			*Supervisor's	Email ID	mohit1dm@	gmail.com		
*Remuneration (Last Drawn Salary)	36167		*HR Name		Amish Parekh			
*Employee ID	NT01019		*HR Contact No. and email ID		hrteam@naaptol.com			
*Date of Joining	1	2	0	8	1	3		
*Date of Exit	1	4	0	7	1	6		
Reason for Leaving:								
*Employment Type	Full - Tim	e		☐ Part-T	ime			
*Nature of Employment	☐ Probation	1 📄	Permanent	Contra	ctual 🔲 T	emporary		
*Documents submitted	Reliving Other		Experience Let	tter 🔲 Servic	e Letter	Pay Slip		
Third Party (Name and complete address) (If through contract)								



		Empl	oyer 4			
*Company Name						
Company Current Status	Company Merged	<mark>//Operation C</mark> with	Closed 🔲 Fu	nctional	Re-locate	<mark>ed</mark>
Company also Known as						
*Complete Company Address with Landmark (Where candidate has worked)						
* Company Contact No.						
*City			*State			
*Designation (As per Document)			*Supervisor N Designation	Name and		
(A) per bocumenty			*Supervisor's	Contact No.		
Department			*Supervisor's	Email ID		
*Remuneration (Last Drawn Salary)			*HR Name			
*Employee ID			*HR Contact   email ID	No. and		
*Date of Joining	D	D	М	М	Υ	Y
*Date of Exit	D	D	М	М	Y	Y
Reason for Leaving:						
*Employment Type	Full - Time	e		☐ Part-T	ïme	
*Nature of Employment	☐ Probation		Permanent	Contra	ctual 🔲 T	Temporary
*Documents submitted	Reliving I	Letter 🔲	Experience Let	tter 🔲 Servic	e Letter 🔲	Pay Slip
Third Party (Name and complete address) (If through contract)						



	Employer 5							
*Company Name								
Company Current Status	Company Merged	<mark>//Operation C</mark> with	Closed 🔲 Fu	nctional	Re-locate	ed		
Company also Known as								
*Complete Company Address with Landmark (Where candidate has worked)								
* Company Contact No.								
*City			*State					
*Designation (As per Document)			*Supervisor N Designation	Name and				
(A) per bocumenty			*Supervisor's	Contact No.				
Department			*Supervisor's	Email ID				
*Remuneration (Last Drawn Salary)			*HR Name					
*Employee ID			*HR Contact   email ID	No. and				
*Date of Joining	D	D	М	М	Υ	Y		
*Date of Exit	D	D	М	М	Y	Y		
Reason for Leaving:								
*Employment Type	Full - Time	e		☐ Part-T	ïme			
*Nature of Employment	☐ Probation		Permanent	Contra	ctual 🔲 T	emporary		
*Documents submitted	Reliving I	Letter 🔲	Experience Let	tter 🔲 Servic	e Letter 🔲	Pay Slip		
Third Party (Name and complete address) (If through contract)								

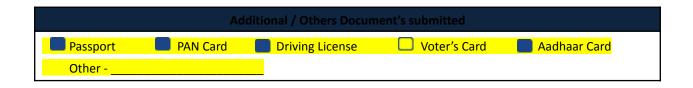


Gap details (Mandatory)  Please incorporate gap details for more than 01 month					
Reason for gap	From (DD/MM/YY)	To: DD/MM/YY			
Training and Job Searching	01/07/2012	01/08/2013			

## **Reference Section**

Instructions: Fields Marked in (\*) is mandatory.

Details	Reference 1	Reference 2	Reference 3	Reference 4
*Name	Sandeep Udhani	Priyanka Arya	Harshil Joshi	Ronak Soni
*Designation	Deputy General Manager	Deputy Manager	SAP Analytics Lead	Senior Consultant
*Organization	Jio Platforms Limited	Jio Platforms Limited	Dangote Group	Capgemini
*Relationship	Mentor & Friend	Colleague & Friend	Colleague & Friend	Colleague & Friend
* Contact No.	9975088030	8080621583	+234-8053390638	9821874906
*Email ID	sandip_udhani @rediffmail.com	arya.priyanka03 @gmail.com	harshil.joshi @dangote.com	soni.ronak88 @gmail.com





I hereby authorize the Requestor (or any third party appointed by the Requestor) to contact my former employers, universities, colleges and institutions, police / court authorities, any other applicable verification authorities as indicated above and carry out background verifications as required by the Requestor. I authorize former employers, universities, colleges and institutions, police / court authorities, any other applicable verification authorities etc. to release any information pertaining to my employment/education/records and I release them from any liability in doing so. I confirm that the information provided in this form is correct to the best of my knowledge and I understand that any omission or misrepresentation of information on this form may result in action based on company policy Have you ever been refused entry to a foreign country? 
Yes 
No Have you ever been convicted in a court of law? Yes Have you ever been declared bankrupt? Yes No Have you ever been suspended or dismissed by an employer? 
Yes No Have you ever been disciplined or fined by any regulatory body or stock exchange? Tyes No Have you ever been disqualified from acting as a Director? 

Yes 
No Are you subject to any restrictive covenant, or any other restriction, with respect to employment with the Firm? Yes Are you currently engaged in any other business either as a proprietor, partner, officer, director, trustee, employee, agent or otherwise? \(\simega\) Yes \(\begin{array}{c}\) No Do you have any relatives currently employed at the firm? Yes No If you have answered "Yes" to any of the above, Please explain: Name Shailesh Singh Date 03 05 2021 Place Mumbai Signature