**Background Verification Form**

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| Employee Code:A3085 | | |
| **PERSONAL DETAILS** | | |
| **Name of Applicant**  Surname:Singh  Middle: Raj  First: Saurabh | | |
| Maiden Name : | | |
| Have you ever been known by another name? | Yes  If **Yes**, please write the other name: Shalu | |
| **Place of Birth: Varanasi** | **Date of Birth** (dd/mm/yy):10/01/1997 | |
| Sex: Male | Nationality:Indian | |
| Father’s Name:Mr. Bijai kumar Singh | Passport No. | SSN No.  (Mandatory for US address) |
| Home Phone:+918840538840 | Office Phone | Mobile: +918840538840 |

**PROFESSIONAL Education Record**

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| **PROFESSIONAL Education Record**  ***(Start with the latest/ highest qualification; please attach photocopies of the documents ) All fields are mandatory*** | | | | | |
| ***Name & Address of School/College/Institute***  **(Mandatory)** | ***Name & Address of University its affiliated***  **(Mandatory)** | ***Type of Degree/Diploma obtained. State “F” for fulltime and “P” for part-time within brackets*** | ***Dates Attended***  ***From To*** | | ***Roll Number/Registration Number/Exam Seat number*** |
| Bachelor of Technology | ICFAI University,Hyderabad | F | June,2015 | December 2019 | 15STUHHCS0109 |

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| **RESIDENTIAL ADDRESS:**Bhairopur,Koilsa,Budhanpur,Azamgarh,U.P. Pin No.- 276142 | |
| **Permanent Address:** Bhairopur,Koilsa,Budhanpur,Azamgarh,U.P. Pin No.- 276142 | |
| City : Azamgarh | State : Uttar Pradesh |
| Pin Code : 276142 | Nearest Landmark : Koilsa-Mohannagar Road |
| Name of the contact person at the address :Saurabh Raj Singh | |
| Relationship of contact person : Self | |
| Landline No. | Mobile No.8840538840 |
| Nature Of Location: Rented/Owned/Others:Owned | Preferred time of the day for conducting the verification, if any : |
| Residing Since (Mandatory):2015 | Residing Till ( Mandatory):Present |
| **Current Address**  Bhairopur,Koilsa,Budhanpur,Azamgarh,U.P. Pin No.- 276142 | |
| City : Azamgarh | State : Uttar Pradesh |
| Pin Code : 276142 | Nearest Landmark : Koilsa-Mohannagar Road |
| Name of the contact person at the address : Saurabh Raj Singh | |
| Relationship of contact person : Self | |
| Landline No. | Mobile No.8840538840 |
| Nature Of Location: Rented/Owned/Others:Owned | Preferred time of the day for conducting the verification, if any : |
| Residing Since (Mandatory):2015 | Residing Till ( Mandatory):Present |

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| **Employment Record**  ***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'*** | | | | | |
| ***Current Employer***  **Full Name:**Vyom Labs Pvt Ltd | | | **Employee ID:**A3085 | **From (mm/yy)**  July20,2021 | **To (mm/yy)**  Till Date |
| Address  Sunrise Business Park, near Cummins Campus, Balewadi, Pune, Maharashtra 411045 | | | | **Phone Number** | |
| City:Pune | State:Maharashtra | Country:India | | Postal Code: 411045 | |
| Job Title:Engineer | | Reason of Leaving: | | | |
| **Designation :**Remedy Developer | | Final Salary (Annual CTC) | | | |
| **Supervisor Name & Title**  Manjusha Pyati –ITSM Consultant | | **HR Manager Name**  Saras Thombre | | | |
| **Supervisor ‘s Phone Number** | | **HR Manager Phone Number** | | | |
| ***Employer 1***  **Full Name**: Intelliplanar Software System Pvt. Ltd | | | **Employee ID** | **From (mm/yy):**  1st Feb,2021 | **To (mm/yy)**  12th June,2021 |
| Address: 2nd floor D-83, near Noida Authority, Sector 6, Noida, Uttar Pradesh 201301 | | | | **Phone Number:** 9958411064 | |
| City:Noida | State:Uttar Pradesh | Country:India | | Postal Code:201301 | |
| Job Title:Software Engineer | | Reason of Leaving:Better Oppurtunity | | | |
| **Designation:** Full Stack Web Developer | | Final Salary (Annual CTC) Rs 3.6 LPA | | | |
| **Supervisor Name & Title:**  Devendra Singh,Development Manager | | **HR Manager Name** | | | |
| **Supervisor ‘s Phone Number**  +919958411064/rajeev@ipssi.com | | **HR Manager Phone Number** | | | |
| **Reference verification** | | | |  | | |
| **REFERENCE Verification**  Note – The reference provided should be currently employed or engaged in a professional activity. | | | | | |
| **\*\*Please ensure that the contact numbers of the reference are active numbers and are reachable for verification. Also please ensure not to provide details of any relatives as reference.** | | | | | |
| |  |  | | --- | --- | | REFERENCE (1) | | | (1)Full name of the Reference  (professional) | Manjusha Pyati | | Telephone # and email ID | 9822384778,manjusha.pyati@vyomlabs.com | | Organization & Designation | Vyom Labs,Remedy Developer | | Relationship with the candidate | Employee Manager | | REFERENCE (2) | | | (1)Full name of the Reference  (professional) | Chinmay Godbole | | Telephone # and email ID | +917030694940,chinmay.godbole@vyomlabs.com | | Organization & Designation | Vyom Labs,WFM Manager | | Relationship with the candidate | Teammate | | | | | | | |

Break between Studies and Employment:

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| Duration-From | Duration – To | Reason |
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| **Information Release Form** | | |  | | |
| **To Whom It May Concern:**  Please print | | | | | |
| I\_\_\_\_\_\_\_Singh Saurabh Raj \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last name First name Middle name  I hereby authorize **Vyom Labs Pvt. Ltd. / BGV vendor** or their representatives 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   **WhatsApp Image 2022-05-12 at 12.43.18 PM.jpeg** | | | | | |
|  |  | 12/05/2022 | |  |  |
| Signature: |  | Date: dd / mm / yyyy | |  |  |