

EMPLOYMENT FORM

PERSONAL INFORMATION

TITLE (MR/MS/DR) MR	9010330863	
A SRA R	asrar, Khandozo @ gmail·com	
ALI	8-1-523 /130,	
KHAN	BRINDAVAN COLONY,	
DATE OF BIRTH (DD/MM/YY) 28 10 90 FATHER'S NAME & Contact No.	POLICHOWKI, HYDERABAD-500008	
G. HYDER ALI KHAN, 9052090479 MARITAL STATUS SINGLE	LANDMARK. PERIOD OF STAY (FROM – TO):	
HUSBANDWIFE'S NAME & CONTACT NO. EMERGENCY CONTACT NAME & RELATIONSHIP G. HYDER ALI KHAN (FATHER) CONTACT NO. CONTACT ADDRESS. 22/117, SAGMANDI STREET, CURNOOL - 518001 ANDHRA PRADESH	PERMANENT HOME ADDRESS: 22/117, SAGMANDI STREET, KURNOOL - 518001 ANDHRA PRADESH LANDMARK PERIOD OF STAY (FROM - TO):	

ACADEMIC INFORMATION - EDUCATION & LANGUAGES

EDUCATION						
QUALIFICATION	DEGREE & Specialization	INSTITUTE/UNIVERSITY	LOCATION	Start year	End year	GRADE / MARKS / GPA
Secondary	C,BSE	ST. JOSEPH'S ENGLISH MEDIUM SCHOOL	KURNOOL	2004	2005.	68%
Higher Secondary	Intermediate	NARAYANA JUNIOR COLLEGE	KURNOOL	2005	2007	82.27
Graduation	B-TECH	G. PULLA REDDY ENGINEERING COLLEGE	KURNOOL	2007	2011	45%
Post Graduation						
SSN No if studied o	overseas					



& PAST		
Q T A S T		
REASONS FOR LEAVING	SALARY DRAWN	
DESIGNATION	ADDRESS OF EMPLOYER	
BESIGNATION	Abbited of Emileo Let	
CONTRACT OR FULL TIME EMPLOYMENT		
REPORTING MANAGER'S NAME AND CONTACT	CONTACT NO. (LANDLINE)	
NO.:		
L REASONS FOR LEAVING	SALARY DRAWN	
REAGONS FOR ELAVING	JALANT BINAWIN	
DESIGNATION	ADDRESS OF EMPLOYER	
CONTRACT OR FULL TIME EMPLOYMENT		
SONTING ON THE EITHER STIME		
	CONTACT NO. (LANDLINE)	
NO.:	•	
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I DE ACAMO EAD LEAVINIC	SALARY DRAWN	
REASONS FOR LEAVING	STEERING STATE	
- BEOLOW FLOW	ADDRESS OF EMPLOYER	
DESIGNATION	ADDRESS OF EMPLOYER	
DESIGNATION CONTRACT OR FULL TIME EMPLOYMENT	ADDRESS OF EMPLOYER	
	DESIGNATION CONTRACT OR FULL TIME EMPLOYMENT REPORTING MANAGER'S NAME AND CONTACT NO.: REASONS FOR LEAVING	

REPORTING MANAGER'S NAME AND CONTACT

NO.:

CONTACT NO. (LANDLINE)

HR MANAGER'S NAME AND CONTACT NO.:



NAME OF EMPLOYER	REASONS FOR LEAVING	SALARY DRAWN
EMPLOYEE CODE:	DESIGNATION	ADDRESS OF EMPLOYER
PERIOD OF EMPLOYMENT (FROM – TO) DD/MM/YY	CONTRACT OR FULL TIME EMPLOYMENT	
HR MANAGER'S NAME AND CONTACT NO.:	REPORTING MANAGER'S NAME AND CONTACT NO.:	CONTACT NO. (LANDLINE)

COMPENSATION (FIGURES ON ANNUAL BASIS) & NOTICE PERIOD

BASIC	COMPANY CAR	OTHER 2	
HRA/CLA	FUEL &	OTHER 3	
	MAINTENANCE		
MEDICAL	FURNISHINGS	PROVIDENT FUND	
LYX	BONUS/INCENTIVES	SUPERANNUATION	
CONVEYANCE	LOANS	GRATUITY	
SPL	OTHER 1	TOTAL (CURRENT COST TO	
ALLOWANCE		COMPANY)	
EXPECTED	Official Notice Period	If selected, would you be able to	
СТС	at Current	shorten the notice period? Do you	
	Employment:	have a buy out option?	

PASSPORT & TRAVEL INFORMATION

Nationality		
In case you do not hold a valid Indian passport, please cor	nfirm and specify work permit details	•
Are you willing to travel?		
YES		
Are you willing to sign the Overseas Travel Agreement in a	ance you are required to travel?	
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and the second s	es	
Do you posses valid visa for any country?		
NO		
Have you ever been rejected visa for any country? If ves, please	se provide information	
No		
		1 .
PASSPORT NO. K6892131	DATE OF ISSUE 18/10/2012	DATE OF EXPIRY 17 10 2023
KGO 1810 1	1.0/2012	11
		,



GENERAL INFORMATION

Are you willing to work in shifts if required?
Do you have any relatives employed by vERITY? If yes, give details
Yes - BROTHER
Have you ever been arrested or convicted of any criminal charge? If yes give details.
No
Have you committed any act or been indirectly involved in transactions which led to or resulted in any legal action against you? If yes give details.
No
Have you ever declared bankruptcy? If yes give details.
No

LANGUAGES

Language	WRITE (HIGH/MEDIUM/LOW)	Read (High/Medium/Low)	SPEAK (HIGH/MEDIUM/LOW)
ENGLISH	HIGH	HIGH	нібн
URDU	HIGH	HIGH	HIGH
HINDI	HIGH	нідн	HIGH
TELUGU	HIGH	нідн	HIGH

FAMILY INFORMATION

SPOUSE	DATE OF BIRTH	3
NAME	TO THE STATE OF TH	
CHILD NAME	DATE OF BIRTH	MALE / FEMALE
4		•
CHILD NAME	DATE OF BIRTH	MALE / FEMALE
HILD NAME	DATE OF BIRTH	MALE / FEMALE



I CONFIRM THAT ALL THE INFORMATION PROVIDED HEREIN IS PROVIDED VOLUNTARILY AND IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE.

I HEREBY GIVE VERITY KNOWLEDGE SOLUTIONS PVT LTD, ITS BRANCHES, SUBSIDIARIES AND AFFILIATES THE RIGHT TO VERIFY THE INFORMATION PROVIDED ABOVE AND ANY EMPLOYMENT DATA OR ANY OTHER DATA SUBSEQUENTLY PROVIDED TO THE VERITY FOR THE PURPOSES OF DETERMINING THE SUITABILITY OF MY EMPLOYMENT AND QUALIFICATIONS, INCLUDING BUT NOT LIMITED TO CHECKING FOR ANY EXISTING OR POTENTIAL CONFLICTS OF INTEREST OR ANY OTHER RESTRICTIONS WHICH MAY OTHERWISE RESTRICT OR PREVENT MY EMPLOYMENT WITH THE VERITY, AND MAY COVER, AMONGST OTHERS, BACKGROUND CHECKS, EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS, EMPLOYMENT AND PERSONAL HISTORY/REFERENCES, CREDIT/BANKRUPTCY SEARCHES, CRIMINAL RECORDS AND MANDATES/EXTERNAL DIRECTORSHIPS.

I UNDERSTAND AND ACCEPT THAT IF I CHOOSE NOT TO PROVIDE ANY PERSONAL DATA/INFORMATION AS REQUESTED BY THE VERITY OR IN ANY WAY PREVENT THE VERITY FROM CARRYING OUT ANY PART OF ITS VERIFICATION PROCESS OR IF ANY ANSWERS OR STATEMENTS MADE OR PROVIDED UPON MY APPLICATION FOR EMPLOYMENT OR SUBSEQUENT THERETO ARE FALSE. OR ARE PROVEN TO BE FALSE IN THE COURSE OF THE ABOVE MENTIONED VERIFICATION PROCESS, I MAY BE DENIED BENEFITS, PROMOTIONS, TRANSFERS AND/OR EMPLOYMENT OR CONTINUED EMPLOYMENT AS A RESULT OF MY DECISION AND I SHALL NOT BE ENTITLED TO MAKE ANY CLAIM AGAINST THE VERITY FOR ANY DAMAGES, COMPENSATION OR REDRESS WHATSOEVER.

I ALSO GIVE MY CONSENT TO UNDERGO THE MEDICAL FITNESS TEST TO BE CONDUCTED BY A COMPETENT MEDICAL AUTHORITY, AS PRESCRIBED BY VERITY KNOWLEDGE SOLUTIONS PVT. LTD.

SIGNATURE: CLOW

DATE: 09/11/16