

EMPLOYMENT FORM

PERSONAL INFORMATION

TITLE (MR/MS/DR)	CONTACT NOS. (MOBILE & LANDLINE)
MR	+91-9849506976
FIRST NAME MOHAMMED	mraheem959@gmail.com
ABDUL	Classic Enclave Apts, Satya Colony, Shaikpet
RAHEEM	Hyderabad- 500008
DATE OF BIRTH (DD/MM/YY) 01-08-1991	
FATHER'S NAME & Contact No.	
	LANDMARK: Near 7 Tombs
MARITAL STATUS SINGAL	PERIOD OF STAY (FROM – TO): From 2012 to Till date
HUSBAND/WIFE'S NAME & Contact No.	PERMANENT HOME ADDRESS:
EMERGENCY CONTACT: +91- 9100932725 NAME & RELATIONSHIP: Taheseen Sultana (Mother) CONTACT NO.: +91- 9100932725 CONTACT ADDRESS: Ashoknagar, Karimnagar 505001	Classic Enclave Apts, Satya Colony, Shaikpet Hyderabad- 500008
	LANDMARK: Near 7 Tombs
	PERIOD OF STAY (FROM – TO):
	From 2012 to Till date

ACADEMIC INFORMATION - EDUCATION & LANGUAGES

QUALIFICATION	DEGREE & SPECIALIZATION	Institute/University	LOCATION	Start year	End year	GRADE / MARKS / GPA
Secondary	SSC	APOSS	HYD	2010	2012	F
Higher Secondary	Intermediate	APOSS	HYD	2012	2014	F
Graduation						
Post Graduation						
SSN No. if studied or	verseas					



Knowledge Solutions					
SHORT TERM COURSES					
EMPLOYMENT INFORMATION - PRESENT	& PAST				
CURRENT EMPLOYMENT					
NAME OF EMPLOYER	REASONS FOR LEAVING	SALAR	Y DRAWN		
EMPLOYEE CODE:	DESIGNATION	ADDRE	SS OF EMPLOY	ÆR .	
PERIOD OF EMPLOYMENT (FROM – TO)	CONTRACT OR FULL TIME EMPLOYMENT				
DD/MM/YY					
HR MANAGER'S NAME AND CONTACT NO.:	REPORTING MANAGER'S NAME AND CONTACT NO.:		CONTACT NO. (LANDLINE)		
PAST EMPLOYMENT					
NAME OF EMPLOYER	REASONS FOR LEAVING	SALAR	Y DRAWN		
EMPLOYEE CODE:	DESIGNATION	ADDRE	SS 0F EMPLOY	ER	
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.:	CONTA	CONTACT NO. (LANDLINE)		
NAME OF EMPLOYER	REASONS FOR LEAVING	SALAR	Y DRAWN		

ADDRESS OF EMPLOYER

CONTACT NO. (LANDLINE)

DESIGNATION

NO.:

CONTRACT OR FULL TIME EMPLOYMENT

REPORTING MANAGER'S NAME AND CONTACT

EMPLOYEE CODE:

DD/MM/YY

PERIOD OF EMPLOYMENT (FROM – TO)

HR MANAGER'S NAME AND CONTACT NO.:



NAME OF EMPLOYER	REASONS FOR LEAVING	SALARY DRAWN
PERIOD OF EMPLOYMENT (FROM – TO) DD/MM/YY	DESIGNATION CONTRACT OR FULL TIME EMPLOYMENT	ADDRESS OF EMPLOYER
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	
LTA	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	
CTC	at Current	shorten the notice period? Do you	
	Employment:	have a buy out option?	

PASSPORT & TRAVEL INFORMATION

Nationality: INDIAN			
In case you do not hold a valid Indian passport, please confirm and sp	ecify work permit de	tails:	
,	, . ,		
Are you willing to travel? YES			
A 71'			
Are you willing to sign the Overseas Travel Agreement in case you are	required to travel?	YES	
Do you posses valid visa for any country?			
no you posses valid visa for any country?			
Have you ever been rejected visa for any country?If yes, please provide info	ormation NTO		
	ormation NO		
		20.10.2012	
PASSPORT NO. L5781625	DATE OF ISSUE	30-10-2013	DATE OF EXPIRY 29-10-2023



GENERAL INFORMATION

Are you willing to work in shifts if required? YES
Do you have any relatives employed by vERITY? If yes, give details NO
Have you ever been arrested or convicted of any criminal charge? If yes give details. ${ m NO}$
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	HIGN	HIGH	HIGH
TELUGU	MEDIUM	MEDIUM	HIGH
HINDI	MEDIUM	MEDIUM	HIGH

FAMILY INFORMATION

SPOUSE	DATE OF BIRTH	
NAME		
CHILD NAME	DATE OF BIRTH	MALE / F EMALE
CHILD NAME	DATE OF BIRTH	MALE / F EMALE
CUIII D NAME	DATE OF DIDTU	NAIE / EENAIE
CHILD 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: Date: 16/11/2016