



STANDARD INTERNATIONAL AUTHORIZATION

NOTICE

In connection with _____ ("The Purpose"), we _____ (Company Name) perform screening for purposes of verifying information you have provided and obtaining other information about you needed to evaluate your suitability for the Purpose. Screening is a company policy and is performed in a manner consistent with our commitment to corporate values, business ethics, legal requirements and respect for the individual.

Your information will be collected, used and stored only to assess your suitability for the Purpose and may include, but is not limited to, verification of your education and employment history, identity, criminal, civil and credit history, to the extent allowable by law.

To assist us with the completion of the screening process, we have contracted with General Information Services, Inc. (GIS), a company located in the United States. Information about GIS, including its privacy policy can be found at:
<http://www.geninfo.com/safe-harbor-policy.asp>

For GIS to carry out its functions, information about you will be transferred to the United States. GIS processes information in accordance with the privacy principles of the United States Fair Credit Reporting Act, the European Directive 94/46/EC, the Personal Information Protection and Electronic Documents Act (PIPEDA), the APEC Privacy framework, and other national and local privacy legislation as applicable.

You may request a copy of your screening report by making a subject-access request to (Company Name).

AUTHORIZATION

I authorize any individual, corporation, government agency, and any other public or private organization to release information about me to GIS or its agent for the purposes described above.

I also understand that my data may be transferred to the United States. By signing below, I consent to the transfer.

I certify that the information I have provided is true, complete and correct to the best of my knowledge, I understand that my suitability for the Purpose is contingent upon the successful completion of the screening report and understand that failing to provide adequate assistance to GIS or by providing false or misleading information may result in a determination that I am not suitable and the withdrawal of any offer made to me.

By signing below, I acknowledge that I have read and understood the GIS Privacy policy and consent to the collection, use, storage and onward transfer of my data for the Purpose.

BISWASIT DAS

Applicant Name: (Block letters, please, black ink)

07 / 05 / 2018

Date: (month / day / year)

Biswasit Das

Applicant's Signature

Education History No 1

Overseas Education History

To ensure accuracy, you must print in BLOCK LETTERS and complete this form in its entirety

Overseas academic institutions may require a copy of the applicant's degree certificate, transcript, or final year mark sheet in order to verify an applicant's academic history. GIS suggests at a minimum HR representatives require all applicants to provide a clear photo copy of their degree certificate at the onset.

Name Candidate Attended Under: DAS BISWAJIT
Surname/Last Name Given 1/First Name Given 2/Middle Name

Institution Name: BANARAS HINDU UNIVERSITY Type of Institution: ☒ High School ☐ College
☒ University ☐ Vocational/Technical
Name of Institution while attending. Check One

School/Campus Name (e.g. School of Law): FACULTY OF SCIENCE School Website (OPTIONAL): BHU.AC.IN

Institution Contact (Phone/Fax): Telephone: (0542) 2368558 Facsimile: ()

Complete mailing address of overseas institution. Post office box addresses not acceptable.

Institution Address: AJAGARA VARANASI
Street City

UTTAR PRADESH, INDIA 221005
Province / Country Postal Code

Student Identification Numbers

Many overseas universities maintain student files by the following numbering systems. Delays may occur if student number is not provided at the onset.

Registration Number / Roll Number / Enrollment Number: 02507008

Student Seat Number: 269326

Attendance Dates (spell month): From: AUG, 2002 To: JUNE, 2004 Date of Graduation (spell month): JUNE 15, 2004

Graduated: ☒ Yes ☐ No

If Not Graduated How many credits: _____

Degree Details: (type of degree awarded): M. Sc

Major: COMPUTER SCIENCE

Date of Issuance of Degree: JUNE 15, 2004

Supporting Documentation

Copy of Degree Provided: ☒ Yes ☐ No

Copy of Mark Sheets Provided: ☒ Yes ☐ No

Copy of Degree Certificate Provided: ☐ Yes ☐ No

Copy of Graduate Certificate Provided: ☐ Yes ☐ No

If institution is located in a Spanish speaking country, please provide your Mother's Maiden Name.

Note: A copy of the degree or diploma is required for most educational institutions. Delays may occur if form is not completed in its entirety.

PERSONAL INFORMATION

General Information Services, Inc. | 917 Chapin Road | PO Box 353 | Chapin, South Carolina 29036
toll free 888.333.5696 | fax 803.932.2306 | email info@geninfo.com | web www.geninfo.com

This document and its contents are strictly confidential. If you have received this fax in error, please call 1-866-436-7723 immediately. Thank you for your cooperation.