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Background Verification Form

Note: Please Provide Complete and Accurate Information. Fields marked with astrics (\*) are mandatory.

Personal Details:

1. **Complete Name of the Candidate\*:**
2. **Gender\*:**
3. **Date of Birth\*:**
4. **Father’s Name (Complete)\*:**
5. **Nationality\*:**
6. **PAN Card No., if any\*:**
7. **Aadhar Card No., if any\*:**
8. **Director Identification Number (DIN), if any\*:**
9. **Passport Details, if any\*:**
   1. **Passport Number:**
   2. **Issue Date:**
   3. **Expiry Date: Employment History:**

Please provide details of all companies/employers in last 10 years.

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| **Details of Current Employer (I):** | |
| * Employers Name & Branch: * Address: |  |
| \* Position Held & Department: |  |
| Office Telephone Land Line No: |  |
| \* Employment Period: **(date, month, year)** | From To |
| \*Employee Code (If Any):  \*Last Salary Drawn **(per month)**: |  |
| \*Reason For leaving |  |
| Reporting Manager:  (Please give Name, Department and contact details) |  |
| Can we verify Current employment details?  **Yes or No, please specify** |  |
| Agency Details (if temporary or contractual) |  |

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| **Details of Last Employer (II):** | |
| * Employers Name & Branch: * Address: |  |
| \* Position Held & Department: |  |
| Office Telephone Land Line No: |  |
| \* Employment Period: **(date, month, year)** | From To |
| \*Employee Code (If Any):  \*Last Salary Drawn **(per month)**: |  |
| \*Reason for Leaving |  |
| Reporting Manager:  (Please give Name, Department and contact details) |  |
| Agency Details (if temporary or contractual) |  |
| **Details of Current or Last Employer (III):** | |
| * Employers Name & Branch: * Address: |  |
| \* Position Held & Department: |  |
| Office Telephone Land Line No: |  |
| \* Employment Period: (**date, month, year**) | From To |
| \*Employee Code (If Any):  \*Last Salary Drawn **(per month)**: |  |
| \*Reason for Leaving |  |
| Reporting Manager:  (Please give Name, Department and contact details) |  |
| Agency Details (if temporary or contractual) |  |
| **Details of Current or Last Employer (IV):** | |
| * Employers Name & Branch: * Address: |  |
| \* Position Held & Department: |  |
| Office Telephone Land Line No: |  |

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| \* Employment Period**: (date, month, year)** | From To |
| \*Employee Code (If Any):  \*Last Salary Drawn **(per month)**: |  |
| \*Reason for Leaving |  |
| Reporting Manager:  (Please give Name, Department and contact details) |  |
| Agency Details (if temporary or contractual) |  |

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| **Details of Highest Qualification** | |
| \* Name of the University and College: |  |
| Location (town/city) with Complete Address: |  |
| \* Degree/ Diploma/ Course completed: (Specialization, if any) |  |
| \* Period of the course: (**month, year)** | From To |
| \*Roll/ Registration/Seat Number: |  |
| **Details of Previous I to Highest Qualification** | |
| \* Name of the University and College: |  |
| Location (town/city) with Complete Address: |  |
| \* Degree/ Diploma/ Course completed: (Specialization, if any) |  |
| \* Period of the course: (**month, year)** | From To |
| \*Roll/ Registration/Seat Number: |  |
| **Details of Previous II to Highest Qualification** | |
| \* Name of the University and College: |  |
| Location (town/city) with Complete Address: |  |
| \* Degree/ Diploma/ Course completed: (Specialization, if any) |  |
| \* Period of the course: (**month, year)** | From To |
| \*Roll/ Registration/Seat Number: |  |
| **Details of Professional Qualifications or Certifications (I), if any** | |
| \* Name of the University and College: |  |

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| Location (town/city) with Complete Address: |  |
| \* Degree/ Diploma/ Course completed: (Specialization, if any) |  |
| \* Period of the course: (**month, year)** | From To |
| \*Roll/ Registration/Seat Number: |  |
| **Details of Professional Qualifications or Certifications (II), if any** | |
| \* Name of the University and College: |  |
| Location (town/city) with Complete Address: |  |
| \* Degree/ Diploma/ Course completed: (Specialization, if any) |  |
| \* Period of the course: (**month, year)** | From To |
| \*Roll/ Registration/Seat Number: |  |

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| **Details of last 7yrs Address for Address & Criminal Verification:** | |
| **\* Complete Current Address:** |  |
| Town/ City Name: |  |
| \* Phone Number: |  |
| \*Duration of Stay: (**month, year) mandatory** | From To |
|  | |
| \* Complete Previous Address 1 : |  |
| Town/ City Name: |  |
| \* Phone Number: |  |
| \*Duration of Stay: (**month, year) mandatory** | From To |
|  | |
| \* Complete Previous Address 2: |  |
| Town/ City Name: |  |
| \* Phone Number: |  |
| \*Duration of Stay: (**month, year) mandatory** | From To |
|  | |
| \* Complete Previous Address 3: |  |
| Town/ City Name: |  |
| \* Phone Number: |  |
| \*Duration of Stay: (**month, year) mandatory** | From To |
|  | |
| \* Complete Previous Address 4 : |  |

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| --- | --- |
| Town/ City Name: |  |
| \* Phone Number: |  |
| \*Duration of Stay: (**month, year) mandatory** | From To |
|  | |
| \* Complete Previous Address 5 : |  |
| Town/ City Name: |  |
| \* Phone Number: |  |
| \*Duration of Stay: (**month, year) mandatory** | From To |
|  | |
| **\* Complete Permanent Address (MANDATORY):** |  |
| Town/ City Name: |  |
| \* Phone Number: |  |
| \*Duration of Stay: (**month, year) mandatory** | From To |
| **\*\*Details of Professional References:** | |
| **Reference 1 :** | **Details :** |
| Name |  |
| Ph # |  |
| Designation, Company Name |  |
| **Reference 2 :** | **Details :** |
| Name |  |
| Ph # |  |
| Designation, Company Name |  |
| **\*\*Details of GAP if Any:** | |
| **Reason for GAP 1** |  |
| **Period of GAP** |  |
| **Address stayed during the GAP** |  |
|  | |
| **Reason for GAP 2** |  |
| **Period of GAP** |  |
| **Address stayed during the GAP** |  |

I hereby authorize **“Accolite Software India Private Limited”** and its representative to verify information provided in my application of employment and to conduct enquiries as may be necessary at the company’s discretion. I authorize all persons who may have information relevant to this enquiry to disclose it to **“Accolite Software India Private Limited”** or its representatives.

Name: Signature: Date: