#### Background Check Delta Form

#### (Intended use - For India location only)

***Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Please **TYPE or PRINT** (in capitals) details clearly and provide accurate information. Do fill in all the fields in this form in **BLUE** ink only

**Please NOTE:** All documents submitted by you to the Company (including this form) with reference to your exploring opportunities with Company, are subject to verification by the Company or an agency appointed by the Company at any time during or prior to your employment with Company. You hereby specifically authorize the Company or any external agency appointed by the Company to verify your educational and employment antecedents, your conduct and conduct any other back ground checks(like Credit Report Check, Drug test, Criminal Check as applicable) prior to your joining the Company or thereafter. You are expected to extend your full cooperation during such verification.

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| --- | --- | --- | --- | --- |
| **Personal Details** | | | | |
| Full Name *( as given in your passport with initials expanded)*  LAKSHMI NARAYANA VANAPALLI  --------------------------------------- ------------------------------------- --------------------------------  *First Middle Last Name / Surname*  Former Name(s) / Maiden Name (where applicable)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Father’s Full Name: VENKATESWARA RAO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VANAPALLI  *First Middle Last / Surname* | | | | |
| Marital status:  Single  Gender:  Male  Date of birth (dd/mm/yy): 22/11/1996    Place of birth: PENUMANTRA  Blood group: B+ | | Contact Information:  Mobile:  ***9701467919*** Landline: ---  Emergency: 7013470152 Email ID: lakshminarayana.v777@gmail.com | | |
| **Details of Address** (Please provide Mobile Numbers of your family members who can verify the address) | | | |
|  | Complete Address- (Detailed) – Pease mention Nearest Police Station in each area of Residence | | From:(mm/yy) To:(mm/yy) |
| Permanent Address  (Specify landmark) | Door no: 12-72, Yadlapalli Vari Street-2, Attili,  West Godavari district, Andhra Pradesh, 534134.  Nearest Police Station : Attili | | Start Date: 01/1997  End date: Present |
| Current Address  (Specify landmark) | Door no: 12-72, Yadlapalli Vari Street-2, Attili,  West Godavari district, Andhra Pradesh, 534134.  Nearest Police Station : Attili | | Start Date: 01/1997  End date: Present |
| Immediate Previous address. I | Door no: 12-72, Yadlapalli Vari Street-2, Attili,  West Godavari district, Andhra Pradesh, 534134.  Nearest Police Station : Attili | | Start Date: 01/1997  End date: Present |
| Immediate Previous address. II | Door no: 12-72, Yadlapalli Vari Street-2, Attili,  West Godavari district, Andhra Pradesh, 534134.  Nearest Police Station : Attili | | Start Date: 01/1997  End date: Present |
| Immediate Previous address. III | Door no: 12-72, Yadlapalli Vari Street-2, Attili,  West Godavari district, Andhra Pradesh, 534134.  Nearest Police Station : Attili | | Start Date: 01/1997  End date: Present |
| Immediate Previous address. IV | Door no: 12-72, Yadlapalli Vari Street-2, Attili,  West Godavari district, Andhra Pradesh, 534134.  Nearest Police Station : Attili | | Start Date: 01/1997  End date: Present |
| Immediate Previous address. V | Door no: 12-72, Yadlapalli Vari Street-2, Attili,  West Godavari district, Andhra Pradesh, 534134.  Nearest Police Station : Attili | | Start Date: 01/1997  End date: Present |

**Reference Check:**

|  |  |  |
| --- | --- | --- |
| Name & Position Held: G.SURI BABU, LECTURER | Name & Position Held: MAMATHA, LECTURER | Name & Position Held: |
| Education Institution:  VISHNU INSTITUTE OF TECHNOLOGY | Education Institution:  VISHNU INSTITUTE OF TECHNOLOGY | Education Institution:  VISHNU INSTITUTE OF TECHNOLOGY |
| Email ID: suribabu.g@vishnu.edu.in | Email ID: mamatha35@gmail.com | Email ID: |
| Mobile number: 7729925444 | Mobile number: 7095952929 | Mobile number: |
| How do you know this person?  MY FACULTY | How do you know this person?  MY FACULTY | How do you know this person?  MY FACULTY |

***Any additional information:***

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I certify that the information given in support of my Background check delta from form is true to the best of my knowledge. If the information given above is found to be false, I am liable to be terminated from service of the Company, without any notice or compensation and/or my offer of appointment may be withdrawn without any liability to iGATE.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **Document check list to be submitted for Background Check (BGC)** | | | | |
| **#** | **All documents listed below are MANDATORY** | | **Yes** | **No** |
| a | Background Check Delta From – All pages completed | | YES |  |
| b | Authorization Letter to be signed manually (Letter available in Page No.4) | | YES |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| **Documents required for Identity verification (Any one (1) of the following documents)** | | | **Yes** | **No** |
| a | Passport (First two, last two & all stamped pages) | | YES |  |
| b | PAN Card | | YES |  |
| – |  | |  |  |
| e |  | |  |  |
| **Have you worked for any GE Project? If YES, please specify duration (starting month/year to ending month/year)** | |  | | |

**IMPORTANT GUIDELINES**

1. All photocopies (where applicable) must be on A4 size paper
2. Above documents if sending scanned copies to be saved as PDF files and sent.
3. Scanned documents must be clear, not speckled and contents need to be 100% legible.

I hereby confirm having submitted the above listed documents.

Name : VANAPALLI LAKSHMI NARAYANA

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_