



IRF

- Please read the Letter of Authorization (IRF) carefully. **Physical signature on the same is mandatory with today's date.**

ANNEXURE 1

Information Release Form

I hereby authorize Capgemini India Private Limited or any of its Affiliates (or a third party agent appointed by the Company) to contact any former employers as indicated above and carry out all Background Checks not restricted to education and employment before and during the period of employment. I authorize former employers, agencies, educational institutes etc. to release any information pertaining to my employment/education or any such information as may be needed to conclude the background check and I release them from any liability in doing so.

I confirm that my appointment is based on the information furnished by me in my employment application and all further declarations and undertakings. Hence, any false statement or information furnished as above and/or furnished during the period of my employment, will result in action based on company policy including dismissal without notice.

First Name	Middle Name				Last Name					
SAS VENKATA SESHAGIRI	VYJAYANTH				PULLAM BHATLA					
Date of Authorization	D	D	/	M	M	/	Y	Y	Y	Y
	0	9	/	0	1	1	2	0	1	9
Signature										

Background Check Delta Form

(Intended use - For India location only)

Date: 09/01/2019

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.

Personal Details		
Full Name (as given in your passport with initials expanded) <div> <div>VYJAYANTH</div> <div>SAI VENKATASESHAGIRI</div> <div>PULLAMBHATLA</div> </div> <div> <div>First</div> <div>Middle</div> <div>Last Name / Surname</div> </div>		
Former Name(s) / Maiden Name (where applicable) <div></div>		
Father's Full Name: <u>PURUSHOTHAM RAD</u> <u>PULLAMBHATLA</u> <div> <div>First</div> <div>Middle</div> <div>Last / Surname</div> </div>		
Marital status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Date of birth (dd/mm/yy): <u>05/10/96</u> Place of birth: <u>VIJAYAWADA</u> Blood group: <u>A+ve</u>	Contact Information: Mobile: <u>+917207464751</u> Landline: <u>0866-2567032</u> Emergency: <u>+919885762721</u> Email ID: <u>VYJAYANTH.SAI@gmail.com</u>	
Details of Address (Please provide Mobile Numbers of your family members who can verify the address)		
	Complete Address- (Detailed) – Please mention Nearest Police Station in each area of Residence	From:(mm/yy) To:(mm/yy)
Permanent Address (Specify landmark)	11-14-6, PURUSHOTHAM BUILDING, OPP SAS, ONE TOWN, VIJAYAWADA - 520001	Start Date: 05-10-1996 End date: 01-2019
Current Address (Specify landmark)	11-14-6, PURUSHOTHAM BUILDING, OPP SAS, ONE TOWN, VIJAYAWADA - 520001	Start Date: 10/96 End date: 01/19
Immediate Previous address. I		Start Date: End date:

Immediate Previous address. II		Start Date: End date:
Immediate Previous address. III		Start Date: End date:
Immediate Previous address. IV		Start Date: End date:
Immediate Previous address. V		Start Date: End date:

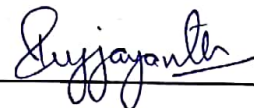
Reference Check:

Name & Position Held: S. KISHORE BABU	Name & Position Held: S. GANDHI BABU	Name & Position Held: V. VIDYASAGAR
Company Name/ ANDHRA LOYOLA Education Institution: INSTITUTE OF ENGINEERING & TECHNOLOGY	Company Name/ ANDHRA LOYOLA Education Institution: INSTITUTE OF ENGINEERING & TECHNOLOGY	Company Name/ ANDHRA LOYOLA Education Institution: INSTITUTE OF ENGINEERING & TECHNOLOGY
Email ID: hoditaliet@gmail.com	Email ID: gandhibobu1008@gmail.com	Email ID: Sagar.aliet@gmail.com
Mobile number: +919492557679	Mobile number: +918464837593	Mobile number: +919985520298
How do you know this person? FACULTY	How do you know this person? FACULTY	How do you know this person? FACULTY

Any additional information:

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: 09/01/2019

Signature: 

Document check list to be submitted for Background Check (BGC)			
#	All documents listed below are MANDATORY	Yes	No
a	Background Check Delta Form - All pages completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Authorization Letter to be signed manually (Letter available in Page No.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

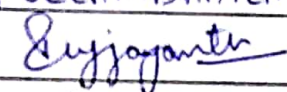
Documents required for Identity verification (Any one (1) of the following documents)			
		Yes	No
a	Passport (First two, last two & all stamped pages)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	PAN Card	<input type="checkbox"/>	<input type="checkbox"/>
-		<input type="checkbox"/>	<input type="checkbox"/>
e		<input type="checkbox"/>	<input type="checkbox"/>
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 : PULLAMBHATLA SAI VENKATA SESHAGIRI VIJAYANTH

Signature : 

Date : 09/01/2019