**Background Verification Form**

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| Applicant No./Employee ID: | Location: | Date of Joining / interview: |
| **Personal Details** |
| Applicant Name(First name, Middle name, Sur name) |   |
| Former Name/Maiden Name (If applicable) |  |
| Date of Birth: | Father’s Name: |
| Gender Male  Female  | Nationality | Marital Status |
| Email ID: | Mobile No: |
| Current Address: | Period of stay form (mm/yy) to (mm/yy) |
| Permanent Address: | Period of stay form (mm/yy) to (mm/yy) |
| **Educational Details (Highest Qualification)** |
| Name of the College |  |
| Address of the College |  |
| Name of the University |  |
| Name of the Course: | Major Subject: | From – To: |  Full Time  Part Time  |
| Copy of certificate attached  |

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| **Employment History** |
| Name of current Employer: | Address: |
| Employee ID: | Work PeriodFrom:To: | Designation: | Department: |
| Reporting Manager Name & Designation: | Email Id:Contact No: |
| Position Permanent Contract Temporary | Last Drawn Salary: | Reason for Leaving: |
| Documents Submitted for This EmploymentExperience Certificate Relieving Letter Payslips Any Other     |
| **Previous Employer (1)** |
| Name of the Employer: | Address:  |
| Employee ID: | Work PeriodFrom:To: | Designation: | Department: |
| Reporting Manager Name & Designation: | Email Id:Contact No: |
| Position Permanent Contract Temporary | Last Drawn Salary: | Reason for Leaving: |
| Experience Certificate Relieving Letter Payslips Any Other     |
| **Previous Employer (2)** |
| Name of the Employer: | Address: |
| Employee ID: | Work PeriodFrom:To: | Designation: | Department: |
| Reporting Manager Name & Designation: | Email Id:Contact No: |
| Position Permanent Contract Temporary | Last Drawn Salary: | Reason for Leaving: |
| Experience Certificate Relieving Letter Payslips Any Other     |

**Declaration**

I confirm that the above information is true to the best of my knowledge and understanding.

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_.