

Background Verification Form

Company name: AML Rightsource India Pvt Ltd - AMRSN 2025 Purpose of Application: NORMAL BGV(EMPLOYMENT)

Applicant's CV

[View Document](#)

Govt ID #1



Personal Information

Full Name	Somnath Pati
Former Name / Maiden Name	NA
Mobile Number	7042203568
Father's Name	Braja Kishore pati
Spouse's Name	N/A
Date of Birth	2001-01-31
Gender	male
Aadhar Card Number	N/A
Pan Card Number	N/A
Nationality	Indian
Marital Status	Single

Permanent Address

Permanent Address	K-87,street 7 , Puran Nagar, Palam Colony
Pin Code	110077
Mobile Number	7042203568
Current State	Delhi
Current Landmark	Palam metro station
Current Address Stay No.	N/A
Nearest Police Station	Palam

Current Address

Current Address	K-87,street 7 , Puran Nagar, Palam Colony
Pin Code	110077
Mobile Number	7042203568
Current State	Delhi
Current Landmark	Palam metro station
Current Address Stay No.	N/A
Nearest Police Station	Palam

LATEST EMPLOYMENT 1

I am a Fresher and do not have any prior employment experience	
Name of the Employer:	WIPRO Ltd
Job Location:	Gurugram
Employee ID:	20517242
Designation:	Associate
UAN Number:	101788109041
From Date:	2024-03-20
To Date:	2025-03-21
Name of the Reporting Manager:	Deepak Kumar sah
Manager's Contact No:	
Manager's Contact Email:	
Reasons for leaving:	Growth I
HR Name:	
HR Contact No:	
HR Email ID:	mailto:referral.check@wipro.com
Last Salary Drawn:	350000
Position Type:	permanent
Agency Details:	
Resignation Acceptance	
Relieving Letter	1
Latest 3 months pay slip	1

WIPRO LIMITED
 MONTH/YEAR : DECEMBER 2024
 DESIGNATION : Associate
 EMPCODE : 20517242
 NAME : SOMNATH PATI
 LOCATION : GURUGRAM

LWP : 0
 LWP REV: 0
 PF NO. : DSNHP00237190000345380
 UAN NO.: 101788109041
 A/c No.: CAN - xxxxxxxxxxxx3568
 NETPAY : 24642.00

EARNINGS	REGULAR	ARREARS	DEDUCTIONS	
Basic	11667.00	0.00	Provident Fund	1800.00
HRA	5834.00	0.00	MEDPREM	335.00
WBP	6973.00	0.00	LWF	31.00
Engagement Bonus	2334.00	0.00		
TOTAL:	26808.00	0.00	TOTAL	2166.00

Note:

- * MEDPREM - Monthly premium for Group Mediclaim Insurance that covers you and your family
- * Your Income Tax amount is computed based on NEWTAX Regime.
 For details on Tax deduction or Variable Pay, visit thedot > Apps > MyFinancials > Financial Reports > and select the relevant options.
 For details on insurance premium recovery, visit The Dot > Apps > Total Rewards > MyBenefits > Medical Insurance (under Healthcare).

WIPRO LIMITED
 MONTH/YEAR : JANUARY 2025
 DESIGNATION : Associate
 EMPCODE : 20517242
 NAME : SOMNATH PATI
 LOCATION : GURUGRAM

LWP : 0
 LWP REV: 0
 PF NO. : DSNHP00237190000345380
 UAN NO.: 101788109041
 A/c No.: CAN - xxxxxxxxxx3568
 NETPAY : 24642.00

EARNINGS	REGULAR	ARREARS	DEDUCTIONS	
Basic	11667.00	0.00	Provident Fund	1800.00
HRA	5834.00	0.00	MEDPREM	335.00
WBP	6973.00	0.00	LWF	31.00
Engagement Bonus	2334.00	0.00		
TOTAL:	26808.00	0.00	TOTAL	2166.00

HAPPY BIRTHDAY, SOMNATH PATI!

Note:

* MEDPREM - Monthly premium for Group Mediclaim Insurance that covers you and your family

* Your Income Tax amount is computed based on NEWTAX Regime.

For details on Tax deduction or Variable Pay, visit thedot > Apps > MyFinancials > Financial Reports > and select the relevant options.

For details on insurance premium recovery, visit The Dot > Apps > Total Rewards > MyBenefits > Medical Insurance (under Healthcare).

WIPRO LIMITED
 MONTH/YEAR : FEBRUARY 2025
 DESIGNATION : Associate
 EMPCODE : 20517242
 NAME : SOMNATH PATI
 LOCATION : GURUGRAM

LWP : 0
 LWP REV: 0
 PF NO. : DSNHP00237190000345380
 UAN NO.: 101788109041
 A/c No.: CAN - xxxxxxxxxxx3568
 NETPAY : 24642.00

EARNINGS	REGULAR	ARREARS	DEDUCTIONS	
Basic	11667.00	0.00	Provident Fund	1800.00
HRA	5834.00	0.00	MEDPREM	335.00
WBP	6973.00	0.00	LWF	31.00
Engagement Bonus	2334.00	0.00		
TOTAL:	26808.00	0.00	TOTAL	2166.00

Note:

- * Your Income Tax amount is computed based on NEWTAX Regime.
 For any queries in tax deduction, please refer the IT projection link available in thedot.wipro.com => Apps => My Financials => Financial Reports.
 For other queries, you may route your queries through wiprocio.service-now.com
- ** Wipro Benefit Plan (WBP) is available to the employees for allocating tax-exempt components such as - Telephone Allowance, NPS and Children's Education Allowance.
- * MEDPREM - indicates the monthly premium paid for Group Mediclaim Insurance for Self and/or Spouse
 For details, please check the Group Mediclaim Insurance policy by logging in to thedot.wipro.com > My Policies > India > My Financials.

EX EMPLOYMENT 2

I haven't done my EX-EMPLOYMENT-2	1
Name of the Employer:	
Job Location:	
Employee ID:	
Designation:	
UAN Number:	
From Date:	
To Date:	
Name of the Reporting Manager:	
Manager's Contact No:	
Manager's Contact Email:	
Reasons for leaving:	
HR Name:	
HR Contact No:	
HR Email ID:	
Last Salary Drawn:	
Position Type:	
Agency Details:	
Resignation Acceptance	
Relieving Letter	
Latest 3 months pay slip	

PREVIOUS EMPLOYMENT 3

I haven't done my PREVIOUS EMPLOYMENT 3	1
Name of the Employer:	
Job Location:	
Employee ID:	
Designation:	
UAN Number:	
From Date:	
To Date:	
Name of the Reporting Manager:	
Manager's Contact No:	
Manager's Contact Email:	
Reasons for leaving:	
HR Name:	
HR Contact No:	
HR Email ID:	
Last Salary Drawn:	
Position Type:	
Agency Details:	
Resignation Acceptance	
Relieving Letter	
Latest 3 months pay slip	

PREVIOUS EMPLOYMENT 4

I haven't done my PREVIOUS EMPLOYMENT 4	1
Name of the Employer:	
Job Location:	
Employee ID:	
Designation:	
UAN Number:	
From Date:	
To Date:	
Name of the Reporting Manager:	
Manager's Contact No:	
Manager's Contact Email:	
Reasons for leaving:	
HR Name:	
HR Contact No:	
HR Email ID:	
Last Salary Drawn:	
Position Type:	
Agency Details:	
Resignation Acceptance	
Relieving Letter	
Latest 3 months pay slip	

PREVIOUS EMPLOYMENT 5

I haven't done my PREVIOUS EMPLOYMENT 5	1
Name of the Employer:	
Job Location:	
Employee ID:	
Designation:	
UAN Number:	
From Date:	
To Date:	
Name of the Reporting Manager:	
Manager's Contact No:	
Manager's Contact Email:	
Reasons for leaving:	
HR Name:	
HR Contact No:	
HR Email ID:	
Last Salary Drawn:	
Position Type:	
Agency Details:	
Resignation Acceptance	
Relieving Letter	
Latest 3 months pay slip	

POST GRADUATION

I haven't done my Post Graduation	1
College Name:	
College Location:	
University Name:	
Major / Specialisation	
Course / Qualification:	
Part Time/ Full Time:	
Roll Number / Register Number:	
From:	
To:	
Marksheet	
Provisional Certificate / Diploma / Other Certificates	
Degree Certificate	

GRADUATION

I haven't done my Graduation	
College Name:	Management education and research institute
College Location:	Janakpuri
University Name:	Guru Gobind Singh university
Major / Specialisation	General
Course / Qualification:	BBA
Part Time/ Full Time:	full_time
Roll Number / Register Number:	41515101718
From:	2018-06-13
To:	2021-06-21
Marksheet	
Provisional Certificate / Diploma / Other Certificates	
Degree Certificate	1

11:44

52



bba degree

1 of 1

Sl. No. : IPUCONV-XIV/01706669

Enrollment No. : 41515101718



गुरु गोबिन्द सिंह इन्द्रप्रस्थ विश्वविद्यालय

**बैचलर ऑफ बिजनेस एडमिनिस्ट्रेशन**

प्रमाणित किया जाता है कि सोमनाथ पति सुपुत्र/सुपुत्री ब्रज किशोर पति विद्यार्थी मैनेजमेंट एजुकेशन एण्ड रिसर्च इंस्टीट्यूट को इस विश्वविद्यालय द्वारा जून, 2021 में आयोजित तत्सम्बन्धी परीक्षा प्रथम श्रेणी में उत्तीर्ण कर लेने के उपरान्त बैचलर ऑफ बिजनेस एडमिनिस्ट्रेशन की उपाधि प्रदान की गई।

Guru Gobind Singh Indraprastha University**Bachelor of Business Administration**

This is to certify that **Somnath Pati** Son / Daughter of **Braja Kishore Pati** a student of **Management Education & Research Institute** is hereby awarded the degree of **Bachelor of Business Administration** on his/her having passed the Examination for the said degree in **June, 2021** in the **First Division**.

विश्वविद्यालय के मुद्रांकन द्वारा प्रमाणित
Given under the Seal of the University

(Nair, R.)
Controller of Examinations



Date of Convocation : 30.03.2022
दिल्ली (भारत)/Delhi (India)

(Prof. (Dr.) Mahesh Verma)
Vice Chancellor



12TH STANDARD

I haven't done my 12th Standard	
School Name/College Name:	Jinvani Bharti public school
School Location:	Dwarka sec 4
Board Name/University Name:	CBSE
Major Subjects	Commerce
Course / Qualification:	Commerce
Part Time/ Full Time:	full_time
Roll Number / Register Number:	9207284
From:	2017-04-13
To:	2018-05-13
Marksheet	1

3200658

65727/00049

क्रम संख्या /
S.No.SSCE/2018/

1391658



केन्द्रीय माध्यमिक शिक्षा बोर्ड
CENTRAL BOARD OF SECONDARY EDUCATION
अंक विवरणिका
MARKS STATEMENT

सीनियर स्कूल सर्टिफिकेट परीक्षा, 2018
ALL INDIA SENIOR SCHOOL CERTIFICATE EXAMINATION, 2018

विद्यार्थी का नाम Name of Student SOMNATH PATI
अनुक्रमांक Roll No. 9207284
माता का नाम Mother's Name SANDHYA RANI PATI
पिता/संरक्षक का नाम Father's/Guardian's Name BRAJA KISHORE PATI
विद्यालय School 65727 JINVANI BHARTI PUB SCH SECT-4 PH-I DWARKA N DLI

विषय कोड SUB. CODE	विषय SUBJECT	प्राप्तांक MARKS OBTAINED				स्थितीय ग्रेड POSITIONAL GRADE
		लिखित THEORY	प्रायोगिक PRACTICAL	योग TOTAL	योग शब्दों में TOTAL IN WORDS	
301	ENGLISH CORE	069	XXX	069	SIXTY NINE	C1
030	ECONOMICS	048	018	066	SIXTY SIX	C1
048	PHYSICAL EDUCATION	029	029	058	FIFTY EIGHT	D1
054	BUSINESS STUDIES	049	019	068	SIXTY EIGHT	B2
055	ACCOUNTANCY	026	018	044	FORTY FOUR	D2
041	MATHEMATICS	003	XXX	003	THREE	E
500	WORK EXPERIENCE					B1
502	PHY & HEALTH EDUCATION					A1
503	GENERAL STUDIES					B2

संक्षिप्तियों का अर्थ : Abbreviations

AB : अनुपस्थित Absent
FP : प्रयोगात्मक में असफल Fail in Practical
FT : लिखित में असफल Fail in Theory

परिणाम Result PASS

दिल्ली Delhi
दिनांक Dated : 26-05-2018

परिक्षा नियंत्रक
Controller of Examinations

PROFESSIONAL REFERENCE 1

Name of the Person:	Yashi sachan
Designation:	Analyst
Contact No:	+91 79-85049822
Email ID:	yashisachan706@gmail.com
Name of the Organisation:	WIPRO Ltd

PROFESSIONAL REFERENCE 2

Name of the Person:	Shubham Kamboj
Designation:	MIS
Contact No:	+91 97174 32563
Email ID:	shubham21kamboj@gmail.com
Name of the Organisation:	WIPRO ltd

GRADUATION

University / Institute Name	N/A
Course	N/A
Specialization Major	N/A
Start Date	N/A
End Date	N/A
Gap Status	0 years and 0 months

SENIOR SECONDARY

School Name	N/A
Start Date	N/A
End Date	N/A
Gap Status	0 years and 0 months

SECONDARY	
School Name	N/A
Start Date	N/A
End Date	N/A

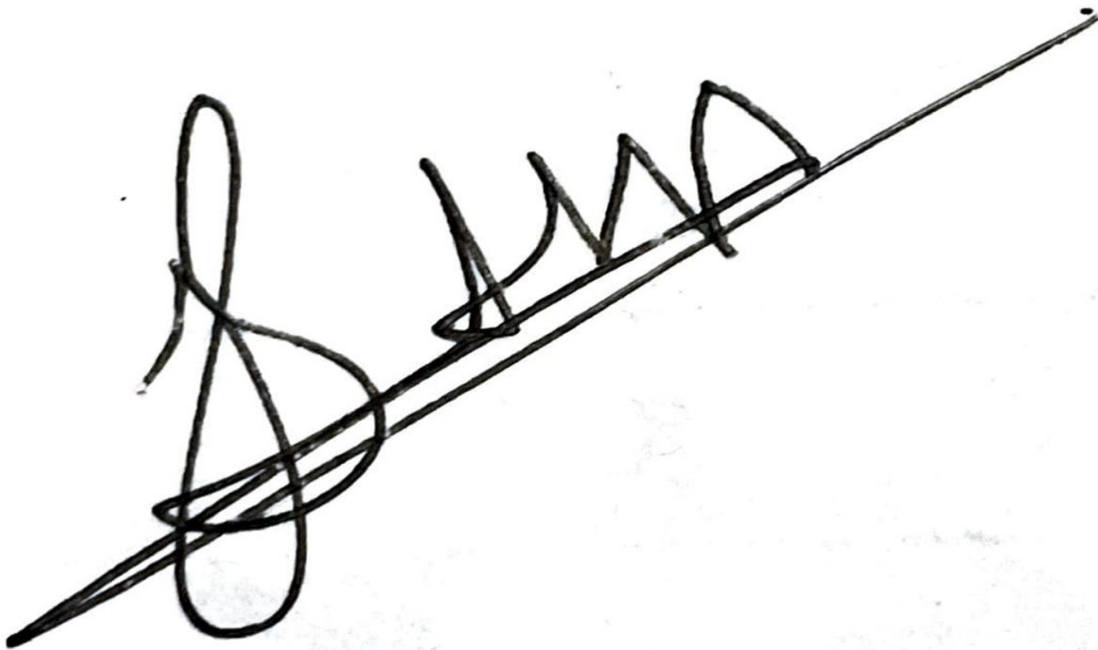
Employment Deails	
Years of Experience	
No of Employment	0

Declaration and Authorization

I hereby authorize GoldQuest Global HR Services Private Limited and its representative to verify information provided in my application for employment and this employee background verification form, 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 GoldQuest Global HR Services Pvt Ltd or its representative. I release all persons from liability on account of such disclosure. I confirm that the above information is correct to the best of my knowledge. I agree that in the event of my obtaining employment, my probationary appointment, confirmation as well as continued employment in the services of the company are subject to clearance of medical test and background verification check done by the company.

Name	
Date	

Attach Signature.

A handwritten signature in black ink, featuring a large, stylized initial 'S' followed by several loops and a long, sweeping horizontal stroke extending to the right.

Documents (Mandatory)

Education	Employment	Government ID / Address Proof
Photocopy of degree certificate and final mark sheet of all examinations.	Photocopy of relieving / experience letter for each employer mentioned in the form.	Aadhaar Card / Bank Passbook / Passport Copy / Driving License / Voter ID.

NOTE: If you experience any issues or difficulties with submitting the form, please take screenshots of all pages, including attachments and error messages, and email them to onboarding@goldquestglobal.in. Additionally, you can reach out to us at onboarding@goldquestglobal.in.