







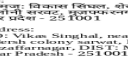
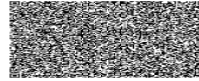
# Background Verification Form

Company name: AML RIGHTSOURCE INDIA PVT LTD NOIDA UP Mode of Application: NORMAL BGV(EMPLOYMENT)

## Applicant's CV

[View Document](#)

Govt ID #1

 <p>भारत सरकार Government of India</p> <p>आधार Aadhaar</p> <p>भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India</p> <p>नामांकन क्रम/ Enrolment No.: 2830/01801/06062</p> <p>To अमन सिंघल Aman Singhal N/O: Vikas Singhal, near shakher nursing home, andheri colony sarowar, V/EC: Muzaffarnagar, FC: Muzaffarnagar, Sub District: Muzaffarnagar, District: Muzaffarnagar, State: Uttar Pradesh, PIN Code: 251001 Mobile: 92588052235</p>  <p>आपका आधार क्रमांक / Your Aadhaar No. : XXXX XXXX 0820 VID : 9172 4241 3490 3498</p> <p>मेरी आधार, मेरी पहचान</p>	 <p>Government of India</p> <p>आधार Aadhaar</p> <p>सूचना / INFORMATION</p> <ul style="list-style-type: none"><li>■ आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।</li><li>■ इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणिकरण एजेंसी के जरिए ऑनलाइन प्रमाणिकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्विफायर कोड स्कैनर ऐप से क्विफायर कोड स्कैन करके या <a href="http://www.uidai.gov.in">www.uidai.gov.in</a> पर उपलब्ध सुरक्षित क्विफायर कोड शीट का उपयोग करके सत्यापित किया जाना चाहिए।</li><li>■ आधार विशिष्ट और सुरक्षित है।</li><li>■ पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से पहले 10 वर्षों की काल से कम एक बार आधार में अपडेट करना चाहिए।</li><li>■ आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।</li><li>■ आधार में अमल सुधार नंबर और ईमेल आईडी अपडेट रखें।</li><li>■ आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।</li><li>■ आंतर/बीरोमेट्रिकल का उपयोग न करने के समर्थन सुरक्षा सुनिश्चित करने के लिए आंतर/बीरोमेट्रिकल सॉफ्ट/ऑफलाइन सुविधा का उपयोग करें।</li><li>■ आधार की मांग करने वाले सहमत लेने के लिए बाध्य हैं।</li><li>■ Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.</li><li>■ This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on <a href="http://www.uidai.gov.in">www.uidai.gov.in</a>.</li><li>■ Aadhaar is unique and secure.</li><li>■ Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.</li><li>■ Aadhaar helps you avail of various Government and Non-Government benefits/services.</li><li>■ Keep your mobile number and email id updated in Aadhaar.</li><li>■ Download mAadhaar app to avail of Aadhaar services.</li><li>■ Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.</li><li>■ Entities seeking Aadhaar are obligated to seek consent.</li></ul>
 <p>भारत सरकार Government of India</p>  <p>अमन सिंघल Aman Singhal उम्र तिथि/DOB: 15/09/2001 लिंग/ GENDER: MALE</p> <p>आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्म तिथि प्रमाणिकरण (ऑनलाइन प्रमाणिकरण, या क्विफायर कोड/ ऑफलाइन प्रमाणिकरण (बीरोमेट्रिक) के साथ) द्वारा प्राप्त करें। Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).</p> <p>XXXX XXXX 0820 VID : 9172 4241 3490 3498</p> <p>मेरी आधार, मेरी पहचान</p>	 <p>भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India</p>  <p>अमन सिंघल Aman Singhal, near shakher nursing home, andheri colony sarowar, Muzaffarnagar, PU, Muzaffarnagar, Uttar Pradesh - 251001</p> <p>Address: N/O: Vikas Singhal, near shakher nursing home, andheri colony sarowar, Muzaffarnagar, PU, Muzaffarnagar, Uttar Pradesh - 251001</p>  <p>XXXX XXXX 0820 VID : 9172 4241 3490 3498</p> <p>1947   <a href="mailto:help@uidai.gov.in">help@uidai.gov.in</a>   <a href="http://www.uidai.gov.in">www.uidai.gov.in</a></p>

## Personal Information

Full Name	Anant Singhal
Former Name / Maiden Name	N/A
Mobile Number	9258052235
Father's Name	Vikas Singhal
Spouse's Name	N/A
Date of Birth	15-09-2001
Age	24 years 6 months
Gender	male
Alternative Mobile Number	8439505414
Aadhar Card Number	549463730820
Aadhar Card Number	N/A
Pan Card Number	MRGPS5823N
Nationality	Indian
Marital Status	Single

## Permanent Address

House no	176
Street	Adarsh colony pachenda road
District	N/A
City	Muzaffarnagar
State	UP
Pincode	251001

## Current Address

House no	Plot No 8 Main Road
Street	Divines Residency, Near Shahpur Shiv Mandir, Shahpur Road, Sector 128
District	Sector 128
City	Noida
State	UP
Pincode	201304

## EX EMPLOYMENT 2

If you do not remember, please write 'NA'.	NIL
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:	hr@companyname.com
Last Salary Drawn:	
Position Type:	
Agency Details:	
Resignation Acceptance	
Relieving Letter	
Latest 3 months pay slip	
If you do not remember, please write 'NA'.	NIL
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:	

## EX EMPLOYMENT 2

Manager's Contact No:	
Manager's Contact Email:	
Reasons for leaving:	
HR Name:	
HR Contact No:	
HR Email ID:	hr@companyname.com
Last Salary Drawn:	
Position Type:	
Agency Details:	
Resignation Acceptance	
Relieving Letter	
Latest 3 months pay slip	

## PREVIOUS EMPLOYMENT 3

If you do not remember, please write 'NA'.	NIL
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:	hr@companyname.com
Last Salary Drawn:	
Position Type:	
Agency Details:	
Resignation Acceptance	
Relieving Letter	
Latest 3 months pay slip	
If you do not remember, please write 'NA'.	NIL
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:	

## PREVIOUS EMPLOYMENT 3

Manager's Contact No:	
Manager's Contact Email:	
Reasons for leaving:	
HR Name:	
HR Contact No:	
HR Email ID:	hr@companyname.com
Last Salary Drawn:	
Position Type:	
Agency Details:	
Resignation Acceptance	
Relieving Letter	
Latest 3 months pay slip	

## PREVIOUS EMPLOYMENT 4

If you do not remember, please write 'NA'.	NIL
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:	hr@companyname.com
Last Salary Drawn:	
Position Type:	
Agency Details:	
Resignation Acceptance	
Relieving Letter	
Latest 3 months pay slip	
If you do not remember, please write 'NA'.	NIL
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:	

## PREVIOUS EMPLOYMENT 4

Manager's Contact No:	
Manager's Contact Email:	
Reasons for leaving:	
HR Name:	
HR Contact No:	
HR Email ID:	hr@companyname.com
Last Salary Drawn:	
Position Type:	
Agency Details:	
Resignation Acceptance	
Relieving Letter	
Latest 3 months pay slip	

## PREVIOUS EMPLOYMENT 5

If you do not remember, please write 'NA'.	NIL
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:	hr@companyname.com
Last Salary Drawn:	
Position Type:	
Agency Details:	
Resignation Acceptance	
Relieving Letter	
Latest 3 months pay slip	
If you do not remember, please write 'NA'.	NIL
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:	

## PREVIOUS EMPLOYMENT 5

Manager's Contact No:	
Manager's Contact Email:	
Reasons for leaving:	
HR Name:	
HR Contact No:	
HR Email ID:	hr@companyname.com
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	0
College Name:	ICFAI Business School, Gurgaon
College Location:	Gurugram
University Name:	ICFAI Business School
Major / Specialisation	Finance
Course / Qualification:	PGPM
Part Time/ Full Time:	full_time
Roll Number / Register Number:	24BSP0190
From (Approx):	15-05-2024
To (Approx):	15-05-2026
Current State:	result_awaited
Marksheet	1
Provisional Certificate / Diploma / Other Certificates	
Degree Certificate	
I haven't done my Post Graduation	0
College Name:	ICFAI Business School, Gurgaon
College Location:	Gurugram
University Name:	ICFAI Business School
Major / Specialisation	Finance
Course / Qualification:	PGPM
Part Time/ Full Time:	full_time
Roll Number / Register Number:	24BSP0190
From (Approx):	15-05-2024
To (Approx):	15-05-2026
Current State:	result_awaited
Marksheet	1
Provisional Certificate / Diploma / Other Certificates	
Degree Certificate	

[Click to open the file](#)

## GRADUATION

I haven't done my Graduation	
College Name:	SVM Yoga & Health Science College
College Location:	Muzaffarnagar
University Name:	Chaudhary Charan Singh University, Meerut
Major / Specialisation	Commerce
Course / Qualification:	B.COM
Part Time/ Full Time:	full_time
Roll Number / Register Number:	RC191010100016
From:	18-10-2019
To:	18-10-2022
Marksheet	1
Provisional Certificate / Diploma / Other Certificates	1
Degree Certificate	
I haven't done my Graduation	
College Name:	SVM Yoga & Health Science College
College Location:	Muzaffarnagar
University Name:	Chaudhary Charan Singh University, Meerut
Major / Specialisation	Commerce
Course / Qualification:	B.COM
Part Time/ Full Time:	full_time
Roll Number / Register Number:	RC191010100016
From:	18-10-2019
To:	18-10-2022
Marksheet	1
Provisional Certificate / Diploma / Other Certificates	1
Degree Certificate	



SI. No. 2K21 1822832

# CH. CHARAN SINGH UNIVERSITY, MEERUT

## STATEMENT OF MARKS



Examination / Year B.COM. (I) - 2020

Candidate's Name : ANANT SINGHAL

Roll No. : RC191010100016

Father's Name : VIKAS SINGHAL

Enrol No. : M 19292744

Mother's Name : LOVI SINGHAL

Institution's Name : SVM YOGA &amp; HEALTH SCIENCE COLLEGE, MUZAFFARNAGAR

NAME OF THE COURSE	CODE NO.	MARKS		MARKS OBTAINED		TOTAL
		Max.	Min.	THEORY	PRACTICAL	
FOUNDATION COURSE I		100	33			
BHARTIYA SANSKRITI AUR RASHTRA GAURAV	009	100		55		55
GROUP-A I		200	66			
BUSINESS COMMUNICATION	101	100		42		
BUSINESS STATISTICS	102	100		36		78
GROUP-B I		200	66			
FINANCIAL ACCOUNTING	103	100		52		
BUSINESS REGULATORY FRAMEWORK	104	100		52		104
GROUP-C I		200	66			
BUSINESS ECONOMICS	105	100		57		
BUSINESS ENVIRONMENT	106	100		57		114
DUALIEYING COURSE I	These marks are not added as per rules					
PHYSICAL EDUCATION	001	50+50	33	42	50	92
ENVIRONMENTAL STUDIES	008	100	33	55		
TOTAL		MAX. MARKS 700	MIN. MARKS 231	MARKS OBT. 351	RESULT PASS	

In case of any discrepancy between the entries in the marksheet issued &amp; in the University record, the University record shall be final.



Date : 18/10/22

CHECKED BY :	
1. FULL SIGNATURE	2. FULL SIGNATURE
FULL NAME	FULL NAME

Controller of Examination  
C.C.S. University Meerut



SI. No. 2K21 1822816

# CH. CHARAN SINGH UNIVERSITY, MEERUT

## STATEMENT OF MARKS



Examination / Year B.COM. IInd -2021

Candidate's Name : ANANT SINGHAL Roll No. : RC191010100016  
Father's Name : VIKAS SINGHAL Enrol No. : M 19292744  
Mother's Name : LOVI SINGHAL  
Institution's Name : SVM YOGA & HEALTH SCIENCE COLLEGE, MUZAFFARNAGAR

NAME OF THE COURSE	CODE NO.	MARKS		MARKS OBTAINED		TOTAL
		Max.	Min.	THEORY	PRACTICAL	
FOUNDATION COURSE:		100	33			
LANGUAGE COMM. & WRITING SKILL-SANSKRIT GROUP-A	013	100		55		55
		200	66			
COMPANY LAW	201	100		36		
COST ACCOUNTING	202	100		36		72
		200	66			
PRINCIPLES OF BUSINESS MANAGEMENT	203	100		52		
INCOME TAX	204	100		52		104
		200	66			
FUNDAMENTALS OF ENTREPRENEURSHIP	205	100		57		
PUBLIC FINANCE	206	100		57		114
QUALIFYING COURSE: These marks are not added as per rules						
PHYSICAL EDUCATION	002	50+50	33	42	50	92
GENERAL AWARENESS	010	100	33	55		
		MAX. MARKS	MIN. MARKS	MARKS OBT.		RESULT
TOTAL		700	231	345		
PREV. TOTAL		700	231	351		PASS
G. TOTAL		1400	462	696		

In case of any discrepancy between the entries in the marksheet issued & in the University record, the University record shall be final.



Date : 18/10/22

CHECKED BY :	
1. FULL SIGNATURE	2. FULL SIGNATURE
FULL NAME	FULL NAME

Controller of Examination  
C.C.S. University Meerut



# CH. CHARAN SINGH UNIVERSITY, MEERUT

## STATEMENT OF MARKS



Examination / Year B.COM. FINAL -2022

Candidate's Name : ANANT SINGHAL

Roll No. : RC191010100016

Father's Name : VIKAS SINGHAL

Enrol No. : M 19292744

Mother's Name : LOVI SINGHAL

Institution's Name : SVM YOGA & HEALTH SCIENCE COLLEGE, MUZAFFARNAGAR

NAME OF THE COURSE	CODE NO.	MARKS		MARKS OBTAINED		TOTAL
		Max.	Min.	THEORY	PRACTICAL	
GROUP-A		200	66			
CORPORATE ACCOUNTING	301	100	57			
AUDITING	302	100	74			131
GROUP-B		200	66			
PRINCIPLES OF MARKETING	303	100	59			
ECONOMIC LAWS ITS IMPLI. IN BUSINESS	304	100	53			112
GROUP-C		200	66			
E-COMMERCE	305	100	63			
MANAGEMENT ACCOUNTING	306	100	44			107
QUALIFYING COURSE: These marks are not added as per rules						
PHYSICAL EDUCATION	003	100	33	51		51
TOTAL		MAX. MARKS	MIN. MARKS	MARKS OBT.		RESULT
PREV. TOTAL		600	198	350		
G. TOTAL		1400	462	696		SECOND
		2000	660	1046		

In case of any discrepancy between the entries in the marksheet issued & in the University record, the University record shall be final.



Date : 18/10/22

CHECKED BY :	
1. FULL SIGNATURE	2. FULL SIGNATURE
FULL NAME	FULL NAME

Controller of Examination  
C.C.S. University Meerut



# CHAUDHARY CHARAN SINGH UNIVERSITY, MEERUT

(Formerly MEERUT UNIVERSITY, MEERUT)

## PROVISIONAL CERTIFICATE

SL.No :  
No. 2021-83075494

Certified that **ANANT SINGHAL** Son/Daughter of Sri. **VIKAS SINGHAL** appeared at **BCOM Examination 2022** with Roll no **RC-191010100016**, Enrolment No. **M-19292744** as a Regular Candidate of **SVM YOGA & HEALTH SCIENCE COLLEGE, MUZAFFARNAGAR** and has been declared successfully **with IInd Division**. The degree will be awarded to him/her in the next Convocation.

Checked By SY

Dated : 18 October 2022

Registrar

## 12TH STANDARD

I haven't done my 12th Standard	
School Name/College Name:	S D Public School
School Location:	Muzaffarnagar
Board Name/University Name:	Central Board of Secondary Education
Major Subjects	English, Economics, Business Studies, Accountancy, Maths
Course / Qualification:	Senior Secondary (12th)
Part Time/ Full Time:	full_time
Roll Number / Register Number:	5910753
From:	02-05-2018
To:	02-05-2019
Marksheet	1
I haven't done my 12th Standard	
School Name/College Name:	S D Public School
School Location:	Muzaffarnagar
Board Name/University Name:	Central Board of Secondary Education
Major Subjects	English, Economics, Business Studies, Accountancy, Maths
Course / Qualification:	Senior Secondary (12th)
Part Time/ Full Time:	full_time
Roll Number / Register Number:	5910753
From:	02-05-2018
To:	02-05-2019
Marksheet	1

006717

क्रम संख्या/  
S.No.SSCE/2019/

0659437

रजि. नं. U219/08597/0408  
Regn.No.

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

सीनियर स्कूल सर्टिफिकेट परीक्षा, 2019

ALL INDIA SENIOR SCHOOL CERTIFICATE EXAMINATION, 2019

परीक्षार्थी का नाम Name of Candidate ANANT SINGHAL

अनुक्रमांक Roll No. 5910753

माता का नाम Mother's Name LOVI SINGHAL

पिता/संरक्षक का नाम Father's/Guardian's Name VIKAS SINGHAL

विद्यालय School 08597-S D PUBLIC SCHOOL MUZAFFARNAGAR UP

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	060	XXX	060	SIXTY	C2
030	ECONOMICS	041	019	060	SIXTY	C1
054	BUSINESS STUDIES	026	018	044	FORTY FOUR	D2
055	ACCOUNTANCY	034	018	052	FIFTY TWO	C2
041	MATHEMATICS	044	XXX	044	FORTY FOUR	D1
048	PHYSICAL EDUCATION	028	025	053	FIFTY THREE	D2
500	WORK EXPERIENCE					A2
502	HEALTH & PHY. EDUCATION					A2
503	GENERAL STUDIES					A2

संक्षिप्तियों का अर्थ : Abbreviations

AB : अनुपस्थित Absent

परिणाम Result PASS

FP : प्रयोगात्मक में असफल Fail in Practical

FT : लिखित में असफल Fail in Theory

दिल्ली Delhi

02-05-2019

परीक्षा नियंत्रक

## 10TH STANDARD

I haven't done my 10TH Standard	
School Name/College Name:	S D Public School
School Location:	Muzaffarnagar
Board Name/University Name:	Central Board of Secondary Education
Major Subjects	English, Hindi, Maths, Science, Social Science
Course / Qualification:	10th
Part Time/ Full Time:	full_time
Roll Number / Register Number:	5417761
From:	03-06-2016
To:	03-06-2017
Marksheet	1
I haven't done my 10TH Standard	
School Name/College Name:	S D Public School
School Location:	Muzaffarnagar
Board Name/University Name:	Central Board of Secondary Education
Major Subjects	English, Hindi, Maths, Science, Social Science
Course / Qualification:	10th
Part Time/ Full Time:	full_time
Roll Number / Register Number:	5417761
From:	03-06-2016
To:	03-06-2017
Marksheet	1

0126892

क्रम संख्या/  
S. No. SSE/2017/

1946148

पंजीकरण सं. Registration No.: U117/08597/0257

# केन्द्रीय माध्यमिक शिक्षा बोर्ड Central Board of Secondary Education



माध्यमिक विद्यालय परीक्षा (वर्ष : 2017)  
SECONDARY SCHOOL EXAMINATION (YEAR : 2017)

कक्षा X ग्रेड शीट सह निष्पादन प्रमाण पत्र  
Class X Grade Sheet cum Certificate of Performance

यह प्रमाणित किया जाता है कि This is to Certify that **ANANT SINGHAL**

अनुक्रमांक Roll No.: **5417761**

माता का नाम Mother's Name **LOVI SINGHAL**

पिता/संरक्षक का नाम Father's / Guardian's Name **VIKAS SINGHAL**

जन्म तिथि Date of Birth **15/09/2001 15TH SEPTEMBER TWO THOUSAND ONE**

विद्यालय School **08597-S D PUBLIC SCHOOL MUZAFFARNAGAR UP**

का निष्पादन निम्नानुसार रहा has performed as follows :

शैक्षणिक निष्पादन - कक्षा X Academic Performance - Class X शैक्षिक क्षेत्र Scholastic Areas

विषय कोड तथा नाम Subject Code and Name	Formative Assessment (FA) Grade	Summative Assessment (SA) Grade	Overall Grade (FA+SA)	
			Grade	Grade Point (GP)
101 ENGLISH COMM.	B1	A2	B1	08
002 HINDI COURSE-A	A2	B2	B1	08
041 MATHEMATICS	A2	C1	B1**	08
086 SCIENCE	B1	C1	B1**	08
087 SOCIAL SCIENCE	A2	B2	B1	08

संचित ग्रेड बिन्दु का औसत (सीजीपीए) Cumulative Grade Point Average (CGPA) : **8.0**

\* कथन और श्रवण कौशल (एएसएल) के आकलन में ग्रेड Grade in Assessment of Speaking and Listening Skills (ASL) **A2**

\*\* सह-शैक्षिक क्षेत्र में निष्पादन के अनुसार उन्नत ग्रेड Upgraded Grade based on performance in the Co-Scholastic areas of the candidate

परिणाम Result **QUALIFIED FOR ADMISSION TO HIGHER CLASSES**

दिल्ली Delhi  
दिनांक Dated **03-06-2017**

परीक्षा नियंत्रक  
Controller of Examinations

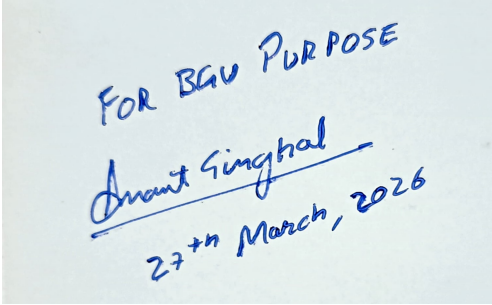
## Employment Deails

Years of Experience	
No of Employment	0

## Declaration & Authorization

I hereby authorize GoldQuest Global HR Services Pvt Ltd 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.

Anant Singhal		27-03-2026
<b>Full name of the candidate</b>	<b>Signature</b>	<b>Date of form filled</b>

## 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](mailto:onboarding@goldquestglobal.in). Additionally, you can reach out to us at [onboarding@goldquestglobal.in](mailto:onboarding@goldquestglobal.in).