

**CONFIDENTIAL BACKGROUND VERIFICATION REPORT**

<b>Name of the Candidate</b>	R Srilatha	<b>Client Name</b>	Datafetch Verification Services Pvt Ltd
<b>Application ID</b>	GQ-DFVNS-1	<b>Report Status</b>	Closed
<b>Date of Birth</b>	NA	<b>Application Received</b>	16-10-2025
<b>Candidate Employee ID</b>	1	<b>Insuff Cleared/Reopened</b>	NA
<b>Report Type</b>	FINAL	<b>Final Report Date</b>	18-10-2025
<b>Verification Purpose</b>	EMPLOYMENT	<b>Overall Report Status</b>	<b>GREEN</b>

<b>REPORT COMPONENT</b>	<b>INFORMATION SOURCE</b>	<b>COMPONENT STATUS</b>	
		<b>COMPLETED DATE</b>	<b>VERIFICATION STATUS</b>
CURRENT ADDRESS	Lavanya	17-10-2025	<b>GREEN</b>

**End of summary report**

<b>Legend:</b>	 -Major discrepancy	 -Minor discrepancy	 -Unable to verify	 -Pending from source	 -All clear
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CURRENT ADDRESS		
PARTICULARS	APPLICATION DETAILS	REPORT DETAILS
<b>Candidate Name:</b>	R Srilatha	R Srilatha
<b>Period Of Stay:</b>	Not Provided	Since 6 months to till date
<b>Address:</b>	Sri Reven Sideswar Ladies PG, 4th Cross, 1st Stage BTM layout, Bangalore, Karnataka 560068	Sri Reven Sideswar Ladies PG, 4th Cross, 1st Stage BTM layout, Bangalore, Karnataka 560068
<b>Landmark:</b>	Not Provided	32 Miles Dental Clinic
<b>Remarks:</b>	Visited the given address, Met Lavanya (PG Owner), who confirmed that the candidate is residing at the provided address since 6 months to till date, hence closing the check as green and the same is furnished as Annexure.	
<b>Information Source Name:</b>	Lavanya	
<b>Report Verified Date:</b>	17-10-2025	
<b>Verification Status(Color Code):</b>	GREEN	

### Annexure 1 (a)

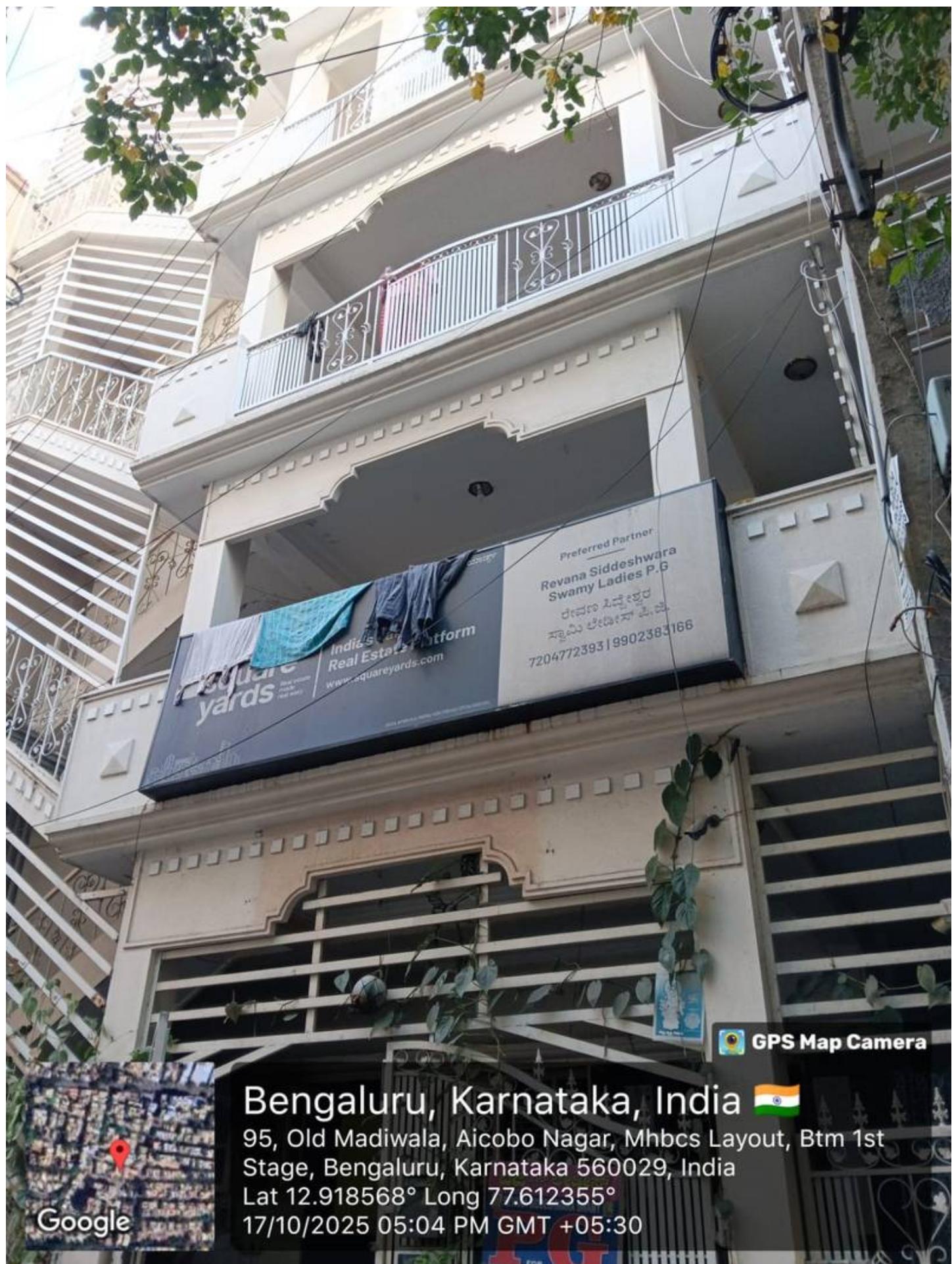
Candidate Name	R. Srilatha.
Date of Verification	17- Oct - 2025.
Address	BMI Reven Sidhwani ladies Pn. 4th CHOMS 1st stage Bangalore - 560065
Does physically verified address match with the above?(Yes or No)	Yes
Mode of communication(Verbal /Written)	Written
Name of the Respondent	Lavanya
Relationship with the candidate	Ph. owner.
Number of Years at present residence	6 months To till date.
Ownership Status	Ph.
Address proof: GASBill /RationCard /Voter ID/Telephone Bill/Water Bill / Electricity Bill / Driving License /Passport/Bank Passbook/Other Mention Details	—
Nature of Location	Lower/Middle/Upper Class
Prominent Landmark in 1 KM radius(Mandatory)	32 Smiles Hospital
Nearby Police Station(Mandatory)	Hulimavu P.S.
Any Comment regarding the verification	Good.
Name and signature of representative with date	Ramesh
Signature of Respondent	Not provided.



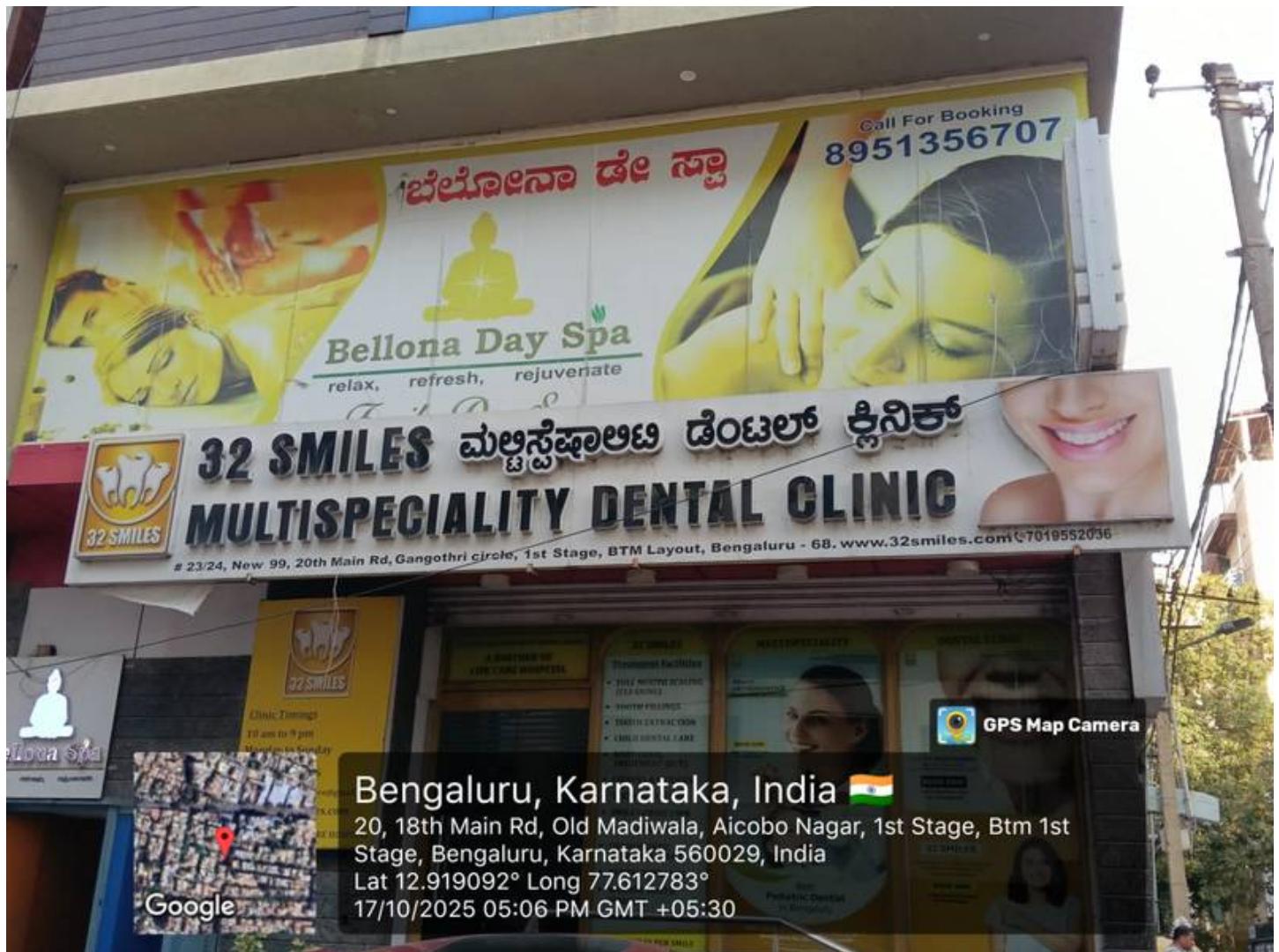
### Annexure 1 (c)



### Annexure 1 (d)



## Annexure 1 (e)



## Disclaimer

This report is confidential and is meant for the exclusive use of the Client. This report has been prepared solely for the purpose set out pursuant to our letter of engagement (LoE)/Agreement signed with you and is not to be used for any other purpose. The Client recognizes that we are not the source of the data gathered and our reports are based on the information purpose. The Client recognizes that we are not the source of the data gathered and our reports are based on the information responsible for employment decisions based on the information provided in this report.

**End of detail report**

