

Background Verification Form

Company name: Krisala Developer

Purpose of Application: NORMAL BGV(EMPLOYMENT)

Applicant's CV

[View Document](#)

Govt ID #1

आयकर विभाग
INCOME TAX DEPARTMENT



नाम / Name
PRIYANKA SUDHIR DHERE

पिता का नाम / Father's Name
SUDHIR DHERE

जन्म की तारीख
Date of Birth
01/04/2000


सत्यमेव जयते

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
GUUPD1728Q


हस्ताक्षर / Signature

भारत सरकार
GOVT. OF INDIA



08012021

Personal Information

Full Name	Priyanka Sudhir Dhere
Former Name / Maiden Name	N/A
Mobile Number	7756043104
Father's Name	Sudhir
Spouse's Name	Ganesh gaikwad
Date of Birth	01-04-2000
Age	25 years 5 months
Gender	female
Alternative Mobile Number	9923995454
Aadhar Card Number	422833982082
Aadhar Card Number	7756043104
Pan Card Number	GUUPD1728Q
Nationality	Indian
Marital Status	Married

Permanent Address

House no	06
Street	Someshwar wadi
District	Someshwar wadi,pasahn
City	Pune
State	MH
Pincode	411008

Current Address

House no	06
Street	Someshwar wadi
District	Someshwar wadi,pasahn
City	Pune
State	MH
Pincode	411008

LATEST EMPLOYMENT 1

I am a Fresher and do not have any prior employment experience	
Name of the Employer:	Rama group
Job Location:	Morwadi Pimpri
Employee ID:	1863
Designation:	CRM executive
UAN Number:	101969652041
From Date:	01-06-2023
To Date:	31-07-2025
Name of the Reporting Manager:	Meghna shelar
Manager's Contact No:	7387779332
Manager's Contact Email:	manager.crm@ramagroupindia.com
Reasons for leaving:	Marriage
HR Name:	Omkar
HR Contact No:	9527181600
HR Email ID:	hrd@ramagroupindia.com
Last Salary Drawn:	0
Position Type:	temporary
Agency Details:	Rama group
Resignation Acceptance	1
Relieving Letter	1
Latest 3 months pay slip	1
I am a Fresher and do not have any prior employment experience	
Name of the Employer:	Rama group
Job Location:	Morwadi Pimpri
Employee ID:	1863
Designation:	CRM executive
UAN Number:	101969652041
From Date:	01-06-2023
To Date:	31-07-2025
Name of the Reporting Manager:	Meghna shelar
Manager's Contact No:	7387779332
Manager's Contact Email:	manager.crm@ramagroupindia.com

LATEST EMPLOYMENT 1

Reasons for leaving:	Marriage
HR Name:	Omkar
HR Contact No:	9527181600
HR Email ID:	hrd@ramagroupindia.com
Last Salary Drawn:	0
Position Type:	temporary
Agency Details:	Rama group
Resignation Acceptance	1
Relieving Letter	1
Latest 3 months pay slip	1

[Click to open the file](#)

POST GRADUATION

I haven't done my Post Graduation	
College Name:	Professor ramakrishna college akurdi pune
College Location:	Akurdi
University Name:	Savitribai pune university
Major / Specialisation	Become
Course / Qualification:	Become
Part Time/ Full Time:	full_time
Roll Number / Register Number:	74028
From:	06-01-2018
To:	30-04-2021
Marksheet	1
Provisional Certificate / Diploma / Other Certificates	1
Degree Certificate	1
I haven't done my Post Graduation	
College Name:	Professor ramakrishna college akurdi pune
College Location:	Akurdi
University Name:	Savitribai pune university
Major / Specialisation	Become
Course / Qualification:	Become
Part Time/ Full Time:	full_time
Roll Number / Register Number:	74028
From:	06-01-2018
To:	30-04-2021
Marksheet	1
Provisional Certificate / Diploma / Other Certificates	1
Degree Certificate	1



Pune District Education Association's

Prof. Ramkrishna More Arts, Commerce & Science (Autonomous) College

Akurdi, Pune-411 044. PH. : 020-27650276 FAX. : 020 - 27659740

Affiliated to University of Pune (Id. No. PU/PN/ASC/090/1992)

* Accredited at the NAAC Grade A+ (CGPA 3.46)

No.

921

Transference Certificate

Certified that Mr./Miss Dhene Priyanka Sudhir
has/had been a student of this college
Mother's Name Anita

(a) After passing his / her last H.S.C. at Board / University Examination in

He / she has kept the terms in this college as shown below :

Class : F.Y. B. Com

First and Second Term during the year 2018-19

First and Second Term during the year

(b) 1) He/She has passed / Failed in the Examination held by the University of Pune as mentioned below.

Name of the Examination.	Month	Year	Class	Seat No.	Remarks
<u>T.Y. B. Com</u>	<u>April</u>	<u>2021</u>		<u>74028</u>	<u>Fail</u>

2) He/She was absent at Examination, held in20.....
by the University of Pune.

3) He/She obtained A.T.K.T. at Examination, held in20.....
by the University of Pune as he / She failed in :

(1)

(2)

(3)

(c) He/She would have been in Class if he/she had continued in this college.

(d) He/She has no books in his / her possession belonging to this college.

(e) Nothing is owing from him / her as college dues.

(f) His / Her date of birth as entered in the College Register is (both in figures and words).

in figures 01/04/2000 in words : First April Two Thousand

(h) He / She has attended course and opted for subjects as mentioned below.

Special Additional
He/She has satisfactorily gone through the course and Physical Training as prescribed by the
Management Council of the University. He / She was exempted from P.T. on Medical ground / on the
ground of his / her membership of the N.C.C. / on the ground of his / her active membership of a
recognised Major Games of the College Term.

Date : 02/04/2025

1) The Principal **PRINCIPAL**

2) **Prof. Ramkrishna More Arts, Commerce**

3) **& Science College (Autonomous),**

Akurdi, Pune-411 044.

TRANSFERENCE CERTIFICATE

GRADUATION

I haven't done my Graduation	
College Name:	Ramkrishna More college akurdi
College Location:	Akurdi
University Name:	Savitribai pune university
Major / Specialisation	Business administration
Course / Qualification:	Become
Part Time/ Full Time:	full_time
Roll Number / Register Number:	7478
From:	01-06-2021
To:	
Marksheet	1
Provisional Certificate / Diploma / Other Certificates	1
Degree Certificate	1
I haven't done my Graduation	
College Name:	Ramkrishna More college akurdi
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University Name:	Savitribai pune university
Major / Specialisation	Business administration
Course / Qualification:	Become
Part Time/ Full Time:	full_time
Roll Number / Register Number:	7478
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To:	
Marksheet	1
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3) **& Science College (Autonomous),**

Akurdi, Pune-411 044.

TRANSFERENCE CERTIFICATE

PROFESSIONAL REFERENCE 1

Name of the Person:	Meghan shelar
Designation:	CRM executive
Contact No:	7387779332
Email ID:	
Name of the Organisation:	Rama group
Name of the Person:	Meghan shelar
Designation:	CRM executive
Contact No:	7387779332
Email ID:	
Name of the Organisation:	Rama group

PROFESSIONAL REFERENCE 2

Name of the Person:	Vandhna
Designation:	CRM manager
Contact No:	9637579824
Email ID:	
Name of the Organisation:	Rama group
Name of the Person:	Vandhna
Designation:	CRM manager
Contact No:	9637579824
Email ID:	
Name of the Organisation:	Rama group

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.

N/A		01-01-1970
Full name of the candidate	Signature	Date of form filled

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.