

## BACKGROUND VERIFICATION FORM



### Personal Details

Full Name: Ramuthai N	Male /✓Female	Marital Status: ✓ Single / Married
Date of Birth: 21/07/2001	Nationality: Indian	Father's name: Nagaraj R
Employee No:		Designation: Account Receivable Specialist
Place of joining: Chennai		Date of Joining: 04/12/2024

### Current Residential Address:

**Plot No 41, Shavithiri Nagar MGR Street, Near Punjab National Bank, Sholinganallur, Chennai-600119**

Period of stay at current address: From: \_\_\_\_\_ To: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Mobile: 8680028047

Email address: manikandanramuthai1994@gmail.com

### Permanent Address:

**24/30 Padmavathi Puram 7 Street, Gandhi Nagar Post Tirupur -641603**

Period of stay at current address: From: \_\_\_\_\_ To: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Mobile: 8680028047/9629610667

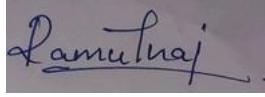
## **Letter of Authorization**

**To whom it may concern**

I \_\_\_\_\_ Ramuthai Nagaraj \_\_\_\_\_ agree to provide relevant details. I understand that employment with **Ventra health** governed by Matrix, Employment Policies as applicable, including satisfactory information from a background check.

I hereby certify all of the statements made on the **Matrix Business Services India Private Limited**, Employee Application Form are true and complete and I understand that omission or misrepresentation of any fact may result in refusal of employment or immediate dismissal.

As a condition of Company's consideration of my application for employment with the Company, I hereby give my consent to **Matrix Business Services India Private Limited** to investigate or cause to be investigated through any third parties my personal, educational, pre or post-employment history, criminal and all other checks relevant to the company. I understand that the background investigation will include, but not be limited to, verification of all information given by me to the Company. I confirm that the Company is entitled to share such investigation report with its clients to the extent necessary in connection with the Services, which I may be required to provide to such clients. I confirm and undertake that the Company shall incur no liability or obligation of any nature whatsoever resulting from such investigation or sharing of the investigation results as above.

Signature : 

Name in Capitals: **RAMUTHAI N**

Date : **04/12/2024**