DGP NETWORK SOLUTIONS PVT. LTD.
Human Resources Department

(EVF) EMPLOYEE VERIFICATION FORM

DGP NETWORK SOLUTIONS PRIVATE LIMITED

✓ Please provide complete and correct information | ✓ All fields are mandatory
✓ Fill details in capital letters only | ✓ Last section of this form must be signed manually.

Client Name:	_____ __	**Date of Joining:**	_____ / _____ / 2026

Personal Details

Title:	[ ] Mr. [ ] Mrs. [ ] Ms.	**Gender:**	[ ] Male [ ] Female [ ] Other
First Name:	_____	**Middle Name:**	_____
Last Name:	_____	**Father's Name:**	_____
Date of Birth:	_____ / _____ / _____	**Nationality:**	_____
Marital Status:	[ ] Single [ ] Married	**PAN Card No:**	_____
Passport No:	_____	**Aadhaar No:**	_____

Professional References (3 Required)

S.No.	First Name	Middle Name	Last Name	Cell / Telephone No.
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Educational Record - Highest Qualification Education

College Name:	_____
College Address:	_____
University Name:	_____
University Address:	_____
Program:	[ ] BCA [ ] BBA [ ] B.Tech [ ] MCA [ ] Other: _____
Duration (MM/YYYY):	Start: _____ / _____ End: _____ / _____
Marks % & Enrolment:	Total Marks / %: _____ Enrolment No: _____

Contact Details

1. Permanent Residential Full Address:
_____
Nearest Police Station: _____ Period of Stay: _____

2. Current Residential Full Address:
_____
Nearest Police Station: _____ Period of Stay: _____

3. Contact Numbers & Email:
Mobile No: _____ Alternative/Emergency No: _____ Email: _____

Employment Details (Current & Previous Companies)

Current Company:
Payroll Company: _____ Client Name: _____
Tenure: From __/__/____ to __/__/____ Emp Code: _____ Desig: _____
Payroll Address & Contact #: _____
Reporting Manager (Name+Email+Phone): _____
HR Manager (Name+Email+Phone): _____

Previous Company 1:
Payroll Company: _____ Client Name: _____
Tenure: From __/__/____ to __/__/____ Emp Code: _____ Desig: _____
Payroll Address & Contact #: _____
Reporting Manager (Name+Email+Phone): _____
HR Manager (Name+Email+Phone): _____

Previous Company 2:
Payroll Company: _____ Client Name: _____
Tenure: From __/__/____ to __/__/____ Emp Code: _____ Desig: _____
Payroll Address & Contact #: _____
Reporting Manager (Name+Email+Phone): _____
HR Manager (Name+Email+Phone): _____

Declaration

I hereby certify all of the statements made on the DGP employment verification form are true and complete. I understand that omission or misrepresentation of any fact may result in refusal of employment or immediate dismissal.
I recognize that in connection with employment with DGP Network Solutions Pvt. Ltd., I may be the subject of a background enquiry by DGP or its representative and I hereby authorize the same.

Letter of Authorization (To Whom It May Concern)

I hereby authorize DGP Network Solutions Pvt. Ltd. / representative to verify information provided in my resume and application of employment 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 DGP Network Solutions Pvt. Ltd. or its representative. I release all persons from liability on account of such disclosure.

BACKGROUND VERIFICATION (BGV) AUTHORIZATION & SIGNATURE

MANDATORY FORM

I unconditionally authorize DGP Network Solutions and its appointed verification agency to conduct screening.

Candidate Full Name	_____
Candidate ID / Applied Role	ID: _____ | Designation: _____
Contact Mobile & Email	Mobile: _____ | Email: _____

CANDIDATE SIGNATURE & CONSENT

(Affix Physical Signature / Stamp Digital E-Sign Here)

Date: _____ / _____ / 2026
Place: _____

BGV SCREENING DESK VERIFICATION

UMESH AHIRWAR
Digitally Signed by Umesh Ahirwar
DGP Network Solutions Pvt. Ltd.
Authorized Signatory - BGV Operations Desk
Status: Background Screening Initiated

Authority: Head - Background Screening
Base Office: Gujarat, India