

EMPLOYMENT VERIFICATION REPORT

*Name of Applicant			
*Office Address			
Address Confirmed	Yes	No	Designation of the applicant
Date of visit			Time of visit

Following are based on information obtained from H.R / authorized Executive of the organisation

Person met		Designation of the person met	
Telephone No	Ext. No.	Mobile No.	
Number of years in present employment	Visiting card obtained	Yes (Attach the Visiting Card with this report)	No
* Name of Organisation			

No. of Employees working in Office
No. of Branches

Type of Job of Applicant	Applicant Working As			Applicant's Job
Permanent <input type="checkbox"/>	Assistant <input type="checkbox"/>	Supervisor <input type="checkbox"/>	Transferable	
Probation Contract <input type="checkbox"/>	Clerk <input type="checkbox"/>	Junior Management <input type="checkbox"/>	Yes <input type="checkbox"/>	
Worker Temporary <input type="checkbox"/>	Typist <input type="checkbox"/>	Senior/ Middle Management <input type="checkbox"/>	No <input type="checkbox"/>	
Worker <input type="checkbox"/>	Stenographer <input type="checkbox"/>	Others <input type="checkbox"/>		
	Skilled Labour <input type="checkbox"/>			

DETAILS OF SALARY VERIFIED FROM _____ DESIGNATION _____

RECOMMENDED NOT RECOMMENDED

Remarks:

Verifier's Name & Signature Agency Seal Agency Manager's Signature

Comments & Map overleaf

**If Verified by LIC HFL
 Officials**

Official's Signature & Designation