**{SOCIETY\_NAME}**

REGN. NO: {SOCIETY\_REGISTRATION\_NUMBER}
{ADDRESS LINE 1}
{ADDRESS LINE 2}

**Verification Form for Domestic Employees**

|  |  |  |
| --- | --- | --- |
| 1 | **Name in full with alias, if any** | {SERVANT\_NAME} |
| 2 | **Place of Birth** | {SERVANT\_BIRTH\_PLACE} |
|  | **Date of Birth** | {SERVANT\_BIRTH\_DATE} |
| 3 | **Permanent Address** | {SERVANT\_PERMANENT\_ADDRESS} |
|  | **Village** | {SERVANT\_VILLAGE} |
|  | **Post Office** | {POST\_OFFICE} |
|  | **Nearest Police Station** | {NEAREST\_POLICE\_STATION} |
| 4 | **Communication Address** | {COMMUNICATION\_ADDRESS} |
| 5 | **Name of Employer** | {EMPLOYER\_NAME} |
| 6 | **Name and address of friend/relatives** | {FRIEND\_RELATIVE\_NAME} {FRIEND\_RELATIVE\_ADDRESS} |
|  | **Name and address of the previous employer** | {PREVIOUS\_EMPLOYER\_NAME} {PREVIOUS\_EMPLOYER\_ADDRESS} |
| 7 | **Introducer Name** | {INTRODUCER\_NAME} |
| 8 | **Personal Description** |  |
|  | **Height** | {SERVANT\_HEIGHT} |
|  | **Built** | {SERVANT\_BUILT} |
|  | **Complexion** | {SERVANT\_COMPLEXION} |
|  | **Eyes** | {SERVANT\_EYE\_COLOUR} |
|  | **Hair** | {SERVANT\_HAIR\_COLOUR} |
|  | **Identification Mark** | {SERVANT\_IDENTIFICATION\_MARK} |
| 9 | **Deformity or Peculiarity, if any** | {SERVANT\_DEFORMITY} |
| 10 | **Contact Number** | {SERVANT\_CONTACT\_NUMBER} |
| 11 | **Signature or Left Thumb Impression of the servant** |  |
|  |  | Signature and Designation of theVerifying Police Officer (with Date) |