

# Background Verification Form

Company name: AML Rightsource India Pvt Ltd - AMRSN 2025 Purpose of Application: NORMAL BGV(EMPLOYMENT)

## Applicant's CV

[View Document](#)

## Govt ID #1



## Personal Information

Full Name	saumya jain
Former Name / Maiden Name	N/A
Mobile Number	8630276556
Father's Name	dharmendra jain
Spouse's Name	N/A
Date of Birth	27-12-1998
Age	26 years 8 months
Gender	female
Alternative Mobile Number	9368594529
Aadhar Card Number	857623614175
Aadhar Card Number	8630276556
Pan Card Number	CHVPJ5552N
Nationality	indian
Marital Status	Single

## Permanent Address

House no	5/97
Street	PATHWARI , BELANGANJ
District	AGRA
City	AGRA
State	UP
Pincode	282004

## Current Address

House no	THE CRESCENT BLOCK D, 703
Street	PLOT F
District	SEC 50
City	NOIDA
State	UP
Pincode	201301

## POST GRADUATION

I haven't done my Post Graduation	
College Name:	GALGOTIAS UNIVERSITY
College Location:	PLOT NO 2 , YAMUNA EXPRESSWAY OPPOSITE BUDDHA INTERNATIONAL CIRCUIT
University Name:	GALGOTIAS UNIVERSITY
Major / Specialisation	FINANCE
Course / Qualification:	MBA
Part Time/ Full Time:	full_time
Roll Number / Register Number:	23042011000
From:	07-08-2023
To:	18-08-2025
Marksheet	1
Provisional Certificate / Diploma / Other Certificates	
Degree Certificate	
I haven't done my Post Graduation	
College Name:	GALGOTIAS UNIVERSITY
College Location:	PLOT NO 2 , YAMUNA EXPRESSWAY OPPOSITE BUDDHA INTERNATIONAL CIRCUIT
University Name:	GALGOTIAS UNIVERSITY
Major / Specialisation	FINANCE
Course / Qualification:	MBA
Part Time/ Full Time:	full_time
Roll Number / Register Number:	23042011000
From:	07-08-2023
To:	18-08-2025
Marksheet	1
Provisional Certificate / Diploma / Other Certificates	
Degree Certificate	

[Click to open the file](#)

## GRADUATION

I haven't done my Graduation	
College Name:	DR B R AMDEDKAR DEPARTMENT OF PHARMACY CHALLESAR
College Location:	CHALLESAR AGRA
University Name:	DR B R AMBEDKAR UNIVERSITY
Major / Specialisation	NA
Course / Qualification:	B.PHARMA
Part Time/ Full Time:	full_time
Roll Number / Register Number:	1908287361053
From:	01-07-2019
To:	01-07-2023
Marksheet	
Provisional Certificate / Diploma / Other Certificates	0
Degree Certificate	1
I haven't done my Graduation	
College Name:	DR B R AMDEDKAR DEPARTMENT OF PHARMACY CHALLESAR
College Location:	CHALLESAR AGRA
University Name:	DR B R AMBEDKAR UNIVERSITY
Major / Specialisation	NA
Course / Qualification:	B.PHARMA
Part Time/ Full Time:	full_time
Roll Number / Register Number:	1908287361053
From:	01-07-2019
To:	01-07-2023
Marksheet	
Provisional Certificate / Diploma / Other Certificates	0
Degree Certificate	1



Roll No.: 1908287361053

Enrolment No.: A-19005141



क्रमांक / S. No.: 000 180



**डा. भीमराव आंबेडकर विश्वविद्यालय, आगरा**  
**DR. BHIMRAO AMBEDKAR UNIVERSITY, AGRA**  
(Formerly-Agra University, Agra)



## बैचलर ऑफ फार्मेसी


प्रमाणित किया जाता है कि  
सौम्या जैन

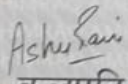
डिपार्टमेंट ऑफ फार्मेसी, डॉ. बी.आर. अम्बेडकर यूनिवर्सिटी, आगरा  
ने इस विश्वविद्यालय से २०२३ की परीक्षा प्रथम श्रेणी में उत्तीर्ण की तथा बैचलर ऑफ  
फार्मेसी की उपाधि प्राप्त की।

## *Bachelor of Pharmacy*

*This is to Certify that*  
**Saumya Jain**

DEPARTMENT OF PHARMACY, DR. B.R. AMBEDKAR UNIVERSITY, AGRA  
obtained the Degree of *Bachelor of Pharmacy* in this University in the  
Examination of 2023 and that he/she was placed in the First Division.

  
परीक्षा नियंत्रक  
COE

  
कुलपति  
Vice-Chancellor

Enrolment No.: A-19005141



३१, दिसंबर २०२३  
December 31, 2023



## 12TH STANDARD

I haven't done my 12th Standard	
School Name/College Name:	MILTON PUBLIC SCHOOL
School Location:	AWADHPURI BODLA BICHPURI ,AGRA
Board Name/University Name:	CBSE
Major Subjects	PHYSICS, CHEMISTRY, BIOLOGY, ENGLISH,PHYSICAL EDUCATION
Course / Qualification:	12TH
Part Time/ Full Time:	full_time
Roll Number / Register Number:	5600830
From:	01-04-2016
To:	01-04-2017
Marksheet	1
I haven't done my 12th Standard	
School Name/College Name:	MILTON PUBLIC SCHOOL
School Location:	AWADHPURI BODLA BICHPURI ,AGRA
Board Name/University Name:	CBSE
Major Subjects	PHYSICS, CHEMISTRY, BIOLOGY, ENGLISH,PHYSICAL EDUCATION
Course / Qualification:	12TH
Part Time/ Full Time:	full_time
Roll Number / Register Number:	5600830
From:	01-04-2016
To:	01-04-2017
Marksheet	1



1002085



केन्द्रीय माध्यमिक शिक्षा बोर्ड  
CENTRAL BOARD OF SECONDARY EDUCATION  
अंक विवरणिका  
MARKS STATEMENT

सीनियर स्कूल सर्टिफिकेट परीक्षा, 2017

ALL INDIA SENIOR SCHOOL CERTIFICATE EXAMINATION, 2017

विद्यार्थी का नाम Name of Student SOMYA JAIN

अनुक्रमांक Roll No. 5600830

माता का नाम Mother's Name NISHA JAIN

पिता/संरक्षक का नाम Father's/Guardian's Name DHARMENDRA KUMAR JAIN

विद्यालय School 08954 MILTON PUB SCH AVADHPURI BODLA BHICHPURI AGRA UP

विषय कोड SUB. CODE	विषय SUBJECT	प्राप्तांक MARKS OBTAINED				स्थितीय ग्रेड POSITIONAL GRADE
		लिखित THEORY	प्रायोगिक PRACTICAL	योग TOTAL	योग शब्दों में TOTAL IN WORDS	
301	ENGLISH CORE	086	XXX	086	EIGHTY SIX	A2
042	PHYSICS	052	029	081	EIGHTY ONE	B1
043	CHEMISTRY	059	022	081	EIGHTY ONE	B1
044	BIOLOGY	064	028	092	NINETY TWO	A2
048	PHYSICAL EDUCATION	038	029	067	SIXTY SEVEN	C1
500	WORK EXPERIENCE					A2
502	PHY & HEALTH EDUCA					A2
503	GENERAL STUDIES					A2

संक्षिप्तियों का अर्थ : Abbreviations

AB : अनुपस्थित Absent

परिणाम Result PASS

FP : प्रयोगात्मक में असफल Fail in Practical

FT : लिखित में असफल Fail in Theory

P. Singh

PRINCIPAL  
MILTON PUBLIC SCHOOL  
(Affiliated To C.B.S.E. 10+2 New Delhi)  
AGRA (U.P.)

K. M. Singh

परीक्षा नियंत्रक  
Controller of Examinations

दिल्ली Delhi

दिनांक Dated : 28-05-2017



## PROFESSIONAL REFERENCE 1

Name of the Person:	
Designation:	
Contact No:	
Email ID:	
Name of the Organisation:	NA
Name of the Person:	
Designation:	
Contact No:	
Email ID:	
Name of the Organisation:	NA

## PROFESSIONAL REFERENCE 2

Name of the Person:	
Designation:	
Contact No:	
Email ID:	
Name of the Organisation:	NA
Name of the Person:	
Designation:	
Contact No:	
Email ID:	
Name of the Organisation:	NA

POST GRADUATION	
University / Institute Name	GALGOTIAS UNIVERSITY
Course	MBA
Specialization Major	FINANCE
Start Date	2023-08-01
End Date	2025-08-01
Gap Status	0 years and 1 months

GRADUATION	
University / Institute Name	DR B R AMBEDKAR UNIVERSITY DEPARTMENT OF PHARMACY
Course	B.PHARMA
Specialization Major	NA
Start Date	2019-07-01
End Date	2023-07-01
Gap Status	2 years and 3 months

SENIOR SECONDARY	
School Name	MILTON PUBLIC SCHOOL
Start Date	2016-04-01

SECONDARY	
School Name	AGRA PUBLIC SCHOOL
Start Date	2014-04-01
End Date	2015-04-01

Employment Deails	
Years of Experience	
No of Employment	0



## 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](mailto:onboarding@goldquestglobal.in). Additionally, you can reach out to us at [onboarding@goldquestglobal.in](mailto:onboarding@goldquestglobal.in).