EMPLOYEE BACKGROUND VERIFICATION FORM

COMPANY NAME: AML Rightsource India Pvt Ltd - AMRS -NEW

Please note that it is mandatory for you to complete the form in all respects. The information you provide must be complete and correct and the same shall be treated in strict confidence. The details on this form will be used for all official requirements you should join the organization.

Position Applied for	Job Location

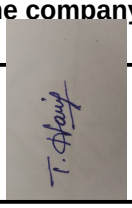
Personal Information

Name of the Candidate(As per Government Identity proof)	Pancard Number	Aadhar Number
Thupakula Haripriya		

Father's Name	Date of Birth(dd/mm/yy)	Husband's Name
Thupakula Venkataramana	2002-02-06	Thupakula Santhakumari

Gender	Mobile Number	Nationality	Marital Status
female	8688946213	INDIAN	Single

Current Address		Period of Stay	Contact details
Full Address		From	Residence Landline Number
Pin code			
State	Haryana	To Date	Alternate Mobile Number
Prominent Landmark	Sky Residency 79, Sector 22A, Sector 22, Gurugram, Haryana,(Opposite Market 22 A, Near Rotary Public School) 122015		
Nearest Police Station			

Declaration & Authorization		
I hereby authorize GOLDQUEST GLOBAL HR SERVICES PRIVATE LIMITED 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 PRIVATE LIMITED 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 . .**		
Thupakula Haripriya		**Fri Mar 21 2025 18:49:15 GMT+0000 (Coordinated Universal Time)**
Full name of the candidate	**Signature**	**Date of form filled**