## CONFIDENTIAL BACKGROUND VERIFICATION REPORT

| | | | |
|---|---|---|---|
| **Name of the Candidate** | Manvi Rathi | **Client Name** | AML Rightsource India Pvt Ltd - AMRSN 2025 |
| **Application ID** | GQ-AMRSN-1449 | **Report Status** | Closed |
| **Date of Birth** | NA | **Application Received** | 22-05-2025 |
| **Candidate Employee ID** | 114198J | **Insuff Cleared/Reopened** | NA |
| **Report Type** | FINAL | **Final Report Date** | 26-05-2025 |
| **Verification Purpose** | NA | **Overall Report Status** | **GREEN** |

| REPORT COMPONENT | INFORMATION SOURCE | COMPONENT STATUS | |
|---|---|---|---|
| | | COMPLETED DATE | VERIFICATION STATUS |
| INSTA DRUG TEST | 5 panel | 26-05-2025 | **GREEN** |

## End of summary report

| | | | | | |
|---|---|---|---|---|---|
| **Legend:** | -Major discrepancy | -Minor discrepancy | -Unable to verify | -Pending from source | -All clear |

| INSTA DRUG TEST | | |
|---|---|---|
| **PARTICULARS** | **APPLICATION DETAILS** | **REPORT DETAILS** |
| **Name Of The Candidate:** | Manvi Rathi | Manvi Rathi |
| **Employee ID:** | 114198 | 114198 |
| **Location:** | onsite | |
| **Location:** | Noida | |
| **Date:** | 26-05-2025 | |
| **Time:** | 12:30 PM | |
| **Drug Panel:** | 5 panel | |
| **Out Come:** | NEGATIVE | |
| **COMMENT/ REMARKS:** | The submitted urine specimen was tested and did not test positive for any of the drugs mentioned in the 5 Panel Drug Test, Hence closing the check as GREEN and the same is furnished as annexure | |
| **Verification Status(Color Code):** | GREEN | |

# Annexure 1 (a)

I understand that, for my protection and for the protection of others with whom I will be working, it is **AML RightSource India Pvt Ltd**'s policy to prohibit the use, sale or possession of illegal or unauthorised drugs and alcoholic beverages in the workplace or during workings hours, including transport time to/from the workplace. Illegal and/or unauthorised drugs include but are not limited to the following: **Marijuana – THC, Cocaine / Benzoylecgonine -COC, Phencyclidine – PCP, Amphetamines – AMP** and **Opiates / Morphine - MOR/OPI**. I also understand that violation of **AML RightSource India Pvt Ltd**'s policy on the Use of Drugs/Alcohol and other controlled substances may be the basis of disciplinary action including dismissal.

My signature below constitutes my voluntary agreement to provide samples to GoldQuest Global or other appropriate substance testing service or provider that **AML RightSource India Pvt Ltd**. May select for drug and alcohol analysis in connection with my assignment to the Client engagement. Test results may be furnished only to the appropriate **AML RightSource India Pvt Ltd.** Personnel Refusal to sign this agreement or failure to meet the testing requirements my result in terminate my employment. I further understand if i test positive or am otherwise in violation of **AML RightSource India Pvt Ltd**'s policy on the Use of Drugs/Alcohol and other controlled substances, **AML RightSource India Pvt Ltd**. May take appropriate disciplinary action, up to and including termination of my employment. I understand and agree that this agreement and release do not alter the terms of my employment relationship with **AML RightSource India Pvt Ltd**, which remains "at will", meaning that my employment is terminable at any time, for any reason, by **AML RightSource India Pvt Ltd**. or me.

I agree to relate and hold harmless **AML RightSource India Pvt Ltd.**, its directors, employees, agents and affiliates from any liability whatsoever on account of, arising from, the request for me to furnish a sample, the testing of such sample, or the disclosure of them results of any chemical analysis of such sample.

**Employee Details: -**

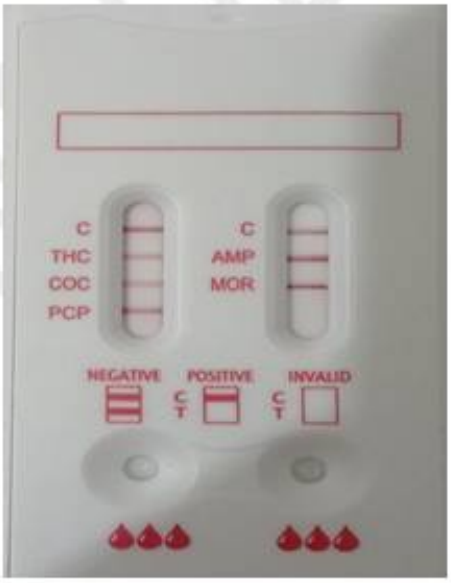
| | |
|---|---|
| NAME OF THE APPLICANT | **Manvi Rathi** |
| AML EMPLOYEE ID | 114198 |
| APPLICATION ID | GQ-AMRSN-1449 |
| DATE OF THE DRUG TEST | 26-05-2025 |
| DRUG TEST TIME | 12:30 |
| CLIENT LOCATION / SITE | NOIDA |

## Annexure 1 (b)

VOLUNTARY AGREEMENT AND RELEASE OF LIABILITY FOR DRUG SUBSTANCE TESTING

5 PANEL DRUG TEST _ EVALUATION SHEET

| Kit Type - Urine/Pee Cup (Please Tick the results) | | | |
|---|---|---|---|
| **Name of the Drug Test Conducted** | **Control Lines** | **Negative(Results)** | **Positive (Results)** |
| 1. Marijuana – THC | ✓ | ✓ | X |
| 2. Cocaine/Benzoylecgonine-COC | ✓ | ✓ | X |
| 3. Phencyclidine – PCP | ✓ | ✓ | X |
| 4. Amphetamines – AMP | ✓ | ✓ | X |
| 5. Opiates / Morphine – MOR/OPI | ✓ | ✓ | X |




**Result {Positive / Negative}** - **NEGATIVE**

## Disclaimer

This report is confidential and is meant for the exclusive use of the Client. This report has been prepared solely for the purpose set out pursuant to our letter of engagement (LoE)/Agreement signed with you and is not to be used for any other purpose. The Client recognizes that we are not the source of the data gathered and our reports are based on the information purpose. The Client recognizes that we are not the source of the data gathered and our reports are based on the information responsible for employment decisions based on the information provided in this report.

## End of detail report