

EMPLOYEE BACKGROUND VERIFICATION FORM			
<b>COMPANY NAME: Collateral Medical Pvt Ltd</b>			
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.			
<b>Position Applied for</b>		<b>Job Location</b>	
<b>Personal Information</b>			
<b>Name of the Candidate(As per Government Identity proof)</b>		<b>Pancard Number</b>	<b>Aadhar Number</b>
Nayan Chavda		BHHPC2952A	901131803823
<b>Father's Name</b>		<b>Date of Birth(dd/mm/yy)</b>	<b>Husband's Name</b>
Praful		17-08-2002	
<b>Gender</b>	<b>Mobile Number</b>	<b>Nationality</b>	<b>Marital Status</b>
Male	7021863632	Indian	Single
<b>Current Address</b>		<b>Period of Stay</b>	<b>Contact details</b>
Full Address	202 Pooja CHS, mhada, malwani, Malad West, Mumbai - 400095	<b>From</b>	<b>Residence Landline Number</b>
Pin code	400095	July-2004	202
State	Maharashtra	<b>To</b>	<b>Alternate Mobile Number</b>
Prominent Landmark	Opposite deva building	August-2027	
Nearest Police Station	Malwani Police station		
<b>Permanant Address</b>		<b>Period of Stay</b>	<b>Contact details</b>
Full Address	202 Pooja CHS, mhada, malwani, Malad West, Mumbai - 400095	<b>From</b>	<b>Residence Landline Number</b>
Pin code	400095	July-2004	202
State	Maharashtra	<b>To</b>	<b>Alternate Mobile Number</b>
Prominent Landmark	Opposite deva building	August-2027	
Nearest Police Station	Malwani Police station		

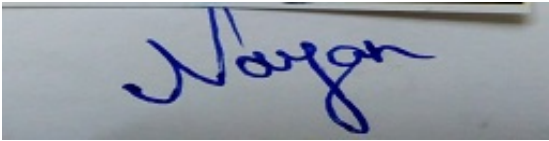
**Education Qualification - Please attach the equivalent education supporting documents**

College Name & Location	University Name & Address	Dates Attended		Qualification Gained	
		From(dd/mm/yy)	To(dd/mm/yy)	Course Name	ID/ Roll No
Kala Vidya Mandir Institute of technology, Malwani, Malad west	Mumbai University, Information technology	July-2018	November-2020	IT	185710003
				Full Time Part Time	
Please tick mark the documents submitted for this qualification along with this form Provisional Certificate                      Degree Certificate                      None					

**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 . .

Nayan Chavda		21-05-2025
<b>Full name of the candidate</b>	<b>Signature</b>	<b>Date of form filled</b>