

EMPLOYEE BACKGROUND VERIFICATION FORM

COMPANY NAME : HML

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 should you join the organization.

Position applied for		Job Location	
Manager- Finance & Accounts		Corporate - Bengaluru	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
SAI PRASANNA KANUGULA			
Father's Full Name	Date of Birth (DD/MM/YYYY)		
Husband Name			
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
Female	9100559048	INDIAN	Single
Personal Email ID		Official Email ID	
saiprasanna.kanugula@gmail.com		Saiprasanna.K@healthimedtech.com	
Permanent Address		Period of stay	
D.No - 49-4-1812, Anavubutcheriah colonies 11th lane, Vijaywada Andhra Pradesh		From (Month/Year)	To (Month/Year)
		Residence Mobile Number	Alternate Mobile number
Pincode	520006	8143650955	
State	Andhra Pradesh		
Prominent Landmark			
Nearest Police Station	Hodhuvaregaon		

Education Qualification - Please attach copy of Degree and Final year mark sheet					
Name of the University	POST GRADUATION	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
		dd/mm/yy	dd/mm/yy	Name of the Course	
ICAI	CA	2017	2021	C.A	SRO063360
Name of the College		Course Name / Specialization			
Please tick mark the documents submitted for this qualification along with this form					
<input checked="" type="checkbox"/> Marksheet <input type="checkbox"/> Provisional Certificate <input type="checkbox"/> Degree Certificate <input type="checkbox"/> None					
Name of the University	GRADUATION	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
		dd/mm/yy	dd/mm/yy	Name of the Course	

Name of the College		Course Name / Specialization			
Please tick mark the documents submitted for this qualification along with this form <input type="checkbox"/> Marksheet <input type="checkbox"/> Provisional Certificate <input type="checkbox"/> Degree Certificate <input type="checkbox"/> None					
Name of the College	University / Board Name & Location	Dates Attended		Qualification Gained	ID /Roll No
12TH STANDARD		From	To	Name of the Course	
Sri Meelha's College	Andhra Pradesh	2015	2017	M.E.C.	
Please tick mark the documents submitted for this qualification along with this form <input type="checkbox"/> Marksheet					
Name of the College	School / Board Name & Location	Dates Attended		Qualification Gained	ID /Roll No
10TH STANDARD		From	To	Name of the Course	
Ravindra Bharathi School	Andhra Pradesh	2014	2015		
Please tick mark the documents submitted for this qualification along with this form <input type="checkbox"/> Marksheet					

Employment History			
Note: Please ensure that you are descriptive wherever necessary – e.g. If company has closed, do mention it. Employee Code/ ID/ Number is mandatory. If your previous employer did not provide one, please mention and state reasons for the same.			
Name of the Employer -1 (Latest Employment)		Address of Employer	
Vedanta Ltd		Odisha.	
Telephone No	Employee Code/No	Designation	UAN Number
		Deputy Manager	
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		
May-2021	July'25	S	Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
Financial Planning & Controller		Growth opportunities	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Abhishek -		Abhishekprashant.Dilliwala @ vedanta.co.in	
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details	
Last Salary drawn	<input checked="" type="checkbox"/> Permanent		
	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> Contractual		
Last Salary drawn	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> Contractual		
Please tick mark the documents submitted for this employment <input checked="" type="checkbox"/> Service Certificate <input checked="" type="checkbox"/> Relieving letter <input checked="" type="checkbox"/> Offer letter <input type="checkbox"/> Any Other (please specify) <input type="checkbox"/> None			
Employment History - Please attach a copy of your relieving letter/service certificate			
Name of the Employer -2 (Ex-Employment)		Address of Employer	
Telephone No	Employee Code/No	Designation	UAN Number
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		
			Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details	
Last Salary drawn	<input type="checkbox"/> Permanent		
	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> Contractual		
Please tick mark the documents submitted for this employment <input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> Any Other (please specify) <input type="checkbox"/> None			
Documents Required (Mandatory)			

Education:

- Photocopy of degree certificate and final mark sheet of all examinations

Employment

- Photocopy of relieving / experience letter for each employer mentioned in the form

Identity & Address Proof

- Pan Card / Passport Copy/ Driving License / Aadhaar Copy / Bank Passbook / Voter ID

Declaration and 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 .

<i>Shri Prasanna Kavgoh</i>	<i>[Signature]</i>	<i>20/8/2025</i>
Full Name of the Candidate	Signature	Date of Form Filled