

Background Verification Form

Company name: HEALTHIUM MEDTECH LIMITED

Purpose of Application: NORMAL BGV(EMPLOYMENT)

Applicant's CV

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Image #1 not found.

Personal Information

Full Name	Jayram Kumar
Former Name / Maiden Name	Jayram Kumar
Mobile Number	9693251824
Father's Name	Late Ramkhelawan Mahto
Spouse's Name	Vinita Kumari
Date of Birth	1985-02-01
Gender	male
Aadhar Card Number	3950 1946 2560
Pan Card Number	BUNPK8511J
Nationality	Indian
Marital Status	Married

Permanent Address

Permanent Address	Village- Kurauta, Dist + Po + Ps- Lakhisarai
Pin Code	811311
Mobile Number	9693251824
Current State	Bihar
Current Landmark	Shiv Mandir
Current Address Stay No.	9334188956
Nearest Police Station	Lakhisarai

Current Address

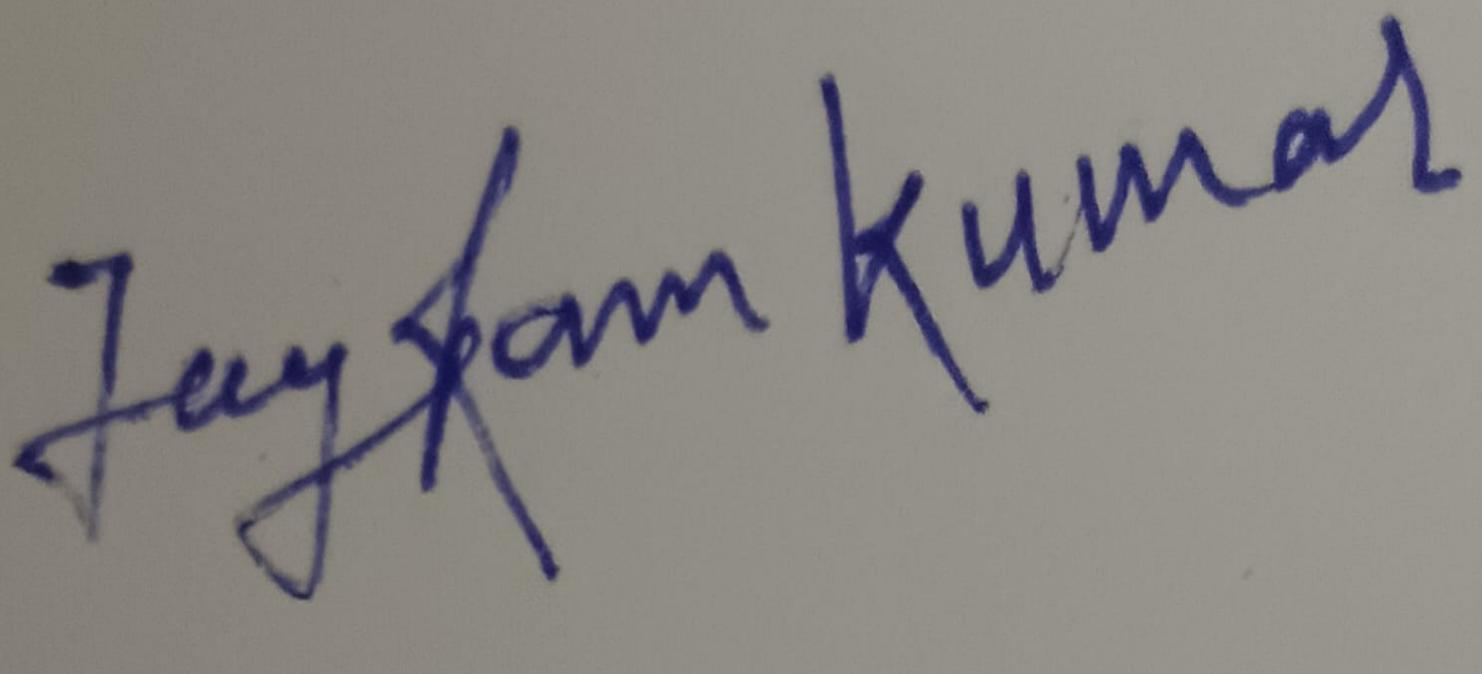
Current Address	C/O- Rajesh Kashyap, Mukhiya Bihar, Bagicha Toli, Near Sarna Toli Chowk, Pundag, Ranchi, Jharkhand, 834004
Pin Code	834004
Mobile Number	9693251824
Current State	Jharkhand
Current Landmark	Bagicha Toli
Current Address Stay No.	9334188956
Nearest Police Station	Jagarnathpur

Declaration and Authorization

Name

Date

Attach Signature.



A handwritten signature in blue ink, reading "Jayaram Kumar". The signature is fluid and cursive, with "Jayaram" on the left and "Kumar" on the right, connected by a single horizontal stroke.

LATEST EMPLOYMENT 1

I am a Fresher and do not have any prior employment experience	
Name of the Employer:	Johnson & Johnson Med Tech
Job Location:	Ranchi
Employee ID:	152251804
Designation:	District Account Manager
UAN Number:	100234796071
From Date:	2023-11-06
To Date:	2024-08-31
Name of the Reporting Manager:	Snehashish Sanyal
Manager's Contact No:	9051848481
Manager's Contact Email:	ssanyal5@its.jnj.com
Reasons for leaving:	Personal
HR Name:	Janki
HR Contact No:	7045450927
HR Email ID:	jdevi@its.jnj.com
Last Salary Drawn:	65091
Position Type:	permanent
Agency Details:	R V Enterprises
Resignation Acceptance	1
Relieving Letter	
Latest 3 months pay slip	1

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EX EMPLOYMENT 2

I haven't done my EX-EMPLOYMENT-2	
Name of the Employer:	Jayram Kumar
Job Location:	Dhanbad
Employee ID:	NA
Designation:	Area Business Manager
UAN Number:	100234796071
From Date:	2012-02-03
To Date:	2023-11-05
Name of the Reporting Manager:	Kaushik Chakraborty
Manager's Contact No:	9332020810
Manager's Contact Email:	zh.kolkata@meditranscare.com
Reasons for leaving:	Personal
HR Name:	Payal Sah
HR Contact No:	7486977212
HR Email ID:	sfe@meditranscare.com
Last Salary Drawn:	42708
Position Type:	Team Handling
Agency Details:	RV Enterprises
Resignation Acceptance	1
Relieving Letter	1
Latest 3 months pay slip	1

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POST GRADUATION

I haven't done my Post Graduation	1
College Name:	
College Location:	
University Name:	
Major / Specialisation	
Course / Qualification:	
Part Time/ Full Time:	
Roll Number / Register Number:	
From:	
To:	
Marksheet	
Provisional Certificate / Diploma / Other Certificates	
Degree Certificate	

GRADUATION

I haven't done my Graduation	
College Name:	SPY College Gaya
College Location:	Gaya
University Name:	Magadh University
Major / Specialisation	Zoology Hons
Course / Qualification:	B Sc.
Part Time/ Full Time:	full_time
Roll Number / Register Number:	1211296/2003
From:	2003-04-01
To:	2006-03-31
Marksheet	1
Provisional Certificate / Diploma / Other Certificates	1
Degree Certificate	1

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12TH STANDARD

I haven't done my 12th Standard	
School Name/College Name:	S S College Mehus Sheikhpura
School Location:	Mehus Sheikhpura
Board Name/University Name:	BSEB Patna
Major Subjects	Biology
Course / Qualification:	Science
Part Time/ Full Time:	full_time
Roll Number / Register Number:	R-1922-00
From:	2000-04-01
To:	2002-03-31
Marksheet	1

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10TH STANDARD

I haven't done my 10TH Standard	
School Name/College Name:	SKHS Dakra Lakhisarai
School Location:	Dakra Lakhisarai
Board Name/University Name:	BSEB Patna
Major Subjects	All
Course / Qualification:	Matriculation
Part Time/ Full Time:	full_time
Roll Number / Register Number:	0690
From:	1996-04-01
To:	2000-03-31
Marksheet	1

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DIPLOMA

I haven't done my DIPLOMA	1
College Name:	
College Location:	
University Name:	
Major / Specialisation	
Course / Qualification:	
Part Time/ Full Time:	
Roll Number / Register Number:	
From:	
To:	
Marksheet	
Diploma Certificate / Other Certificates	