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	TM	Job Location	DELHI

Personal Information

Full Name of the Applicant	DOLLY VERMA	Pancard Number	Aadhaar Number
		AVIPV6958Q	9352 8889 6953
Father's Full Name	MR.RAMAKANT VERMA	Date of Birth (DD/MM?YYYY)	
Husband Name		25/04/1993	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
FEMALE	8448036522	INDIAN	SINGLE
Personal Email ID	DollyVerma639@gmail.com	Official Email ID	

Permanent Address	Period of stay	
L/23, SARYU VIHAR COLONY VAZEERGANJ, AYODHAYA	From (Month/Year)	To (Month/Year)
	BY BIRTH	
	Residence Mobile Number	Alternate Mobile number
Pincode: 224001	8448036522	8840969035
State: UP		
Prominent Landmark: KALI MANDIR		
Nearest Police Station: DEOKALI		

Education Qualification - Please attach copy of Degree and Final year mark sheet

Name of the University	POST GRADUATION	Dates Attended From (dd/mm/yy)	Dates Attended To (dd/mm/yy)	Qualification Gained – Name of the Course	ID /Roll No
~~GBTU~~					

Name of the College	Course Name / Specialization

Please tick mark the documents submitted for this qualification along with this form

☐ Marksheet ☐ Provisional Certificate ☐ Degree Certificate ☐ 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	
GBTU	B.PHARMA (PHARMACY)	2010	2014	B.PHARMA	1024750007

Name of the College	Course Name / Specialization
IIMT COLLEGE OF PHARMACY	B.PHARMA (MARKETEING)

Please tick mark the documents submitted for this qualification along with this form

☑ Marksheet ☐ Provisional Certificate ☑ Degree Certificate ☐ None

Name of the College	University / Board Name & Location	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
12TH STANDARD		dd/mm/yy	dd/mm/yy	Name of the Course	
GURU NANAK ACADEMY AYODHAYA	UP BOARD AYODHAYA	2010		Inter (PCM)	0832991

Please tick mark the documents submitted for this qualification along with this form

☑ Marksheet

Name of the College	School / Board Name & Location	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
10TH STANDARD		dd/mm/yy	dd/mm/yy	Name of the Course	
ST. MARY'S SCHOOL, AYODHAYA	UP BOARD AYODHAYA	2008		HIGH SCHOOL (Science)	1672889

Please tick mark the documents submitted for this qualification along with this form

☑ 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	
LOTUS SURGICALC (TI MEDICAL)		TI Medical Pvt. Ltd. - 534, 5th/6th Floor, Suncity Business Tower - Gurgaon.	
Telephone No	**Employee Code/No**	**Designation**	**UAN Number**
8448036522	DL073	DM	100600433841

Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	MR. NAVEEN MR. DHEERAJ	9871715755 / 9810301131
16 Aug 2023	2 Aug 2025		Reporting Manager's Email ID

Duties & Responsibilities	Reasons for leaving
Sales	Personal Growth
HR-Human Resource Contact Person Name & Contact Number	**HR - Human Resource Contact Person Email ID**
Bhawini – 07021840645	bhawini@timedical.murugappa.com

First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details
	☑ Permanent	
Last Salary drawn	☐ Temporary ☐ Contractual	
Last Salary drawn	☐ Temporary ☐ Contractual	

Please tick mark the documents submitted for this employment

☐ Service Certificate ☑ Relieving letter ☑ Offer letter ☐ Any Other (please specify)

☐ None

Employment History - Please attach a copy of your relieving letter/service certificate

Name of the Employer -2 (Ex-Employment)		Address of Employer	
Meril Life Science		E1, E 3, Meril Park No. 135/139, Muktanand Marg, Chala, Vapi - 396191, Gujrat, India.	
Telephone No	**Employee Code/No**	**Designation**	**UAN Number**
8448036522	25434	TSM	101187725228

Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	MR. Manjesh / MR. Devesh Mishra Panchal	9650246969
10 Aug 2022	7 Aug 2023		Reporting Manager's Email ID

Duties & Responsibilities	Reasons for leaving
Sales	Personal / Proffesional Growth
HR-Human Resource Contact Person Name & Contact Number	**HR - Human Resource Contact Person Email ID**
Sunita Lokhande	8879426102

First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details
	☑ Permanent	
Last Salary drawn	☐ Temporary ☐ Contractual	

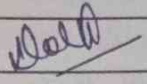
Please tick mark the documents submitted for this employment

☐ Service Certificate ☐ Relieving letter ☐ Offer letter ☐ Any Other (please specify)

☑ 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 metioned 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 .

Dolly Verma		15/Aug/2025
Full Name of the Candidate	**Signature**	**Date of Form Filled**