

# 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	
TERRITORY MANAGER		DEHRADUN	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
RAKESH RANJAN		DOMPR4980F	231057311867
Father's Full Name	Date of Birth (DD/MM/YYYY)		
ASHISH KUMAR RANJAN	06-04-1993		
Husband Name	Nationality		Marital Status
	INDIAN		MARRIED
Gender (MALE/FEMALE)	MOBILE NUMBER		
MALE	8979741736		
Personal Email ID		Official Email ID	
rakesharya8979@gmail.com		rakesh.a@healthiummedtech.com	
Permanent Address		Period of stay	
1181 Brahampuri Lohiya Nagar Near Shiv Mandir Niranjanpur Dehradun.		From (Month/Year)	To (Month/Year)
		Residence Mobile Number	Alternate Mobile number
Pincode	248001	8006771236	7845971759
State	UTTARAKHAND		
Prominent Landmark	Near Shiv Mandir		
Nearest Police Station	Thana Patel Nagar		

## 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	
UTTARAKHAND OPEN UNIVERSITY	B.A	19-2018 Summer	09-05-2022		18154064
Name of the College		Course Name / Specialization			
UTTARAKHAND OPEN UNIVERSITY		BA			
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	



UTTARAKHAND OPEN UNIVERSITY	B.A	19-2018	09-05-		
Name of the College		SUMMER	2022	B.A	18154064
		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 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	
The CAMBRIDGE Sr. SECONDARY SCHOOL	CBSE	2012	29-05-2014		577447

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	
NATIONAL INSTITUTE OF OPEN SCHOOLING	NIOS		APRIL-2012		923411204394

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		
Mr. JAY SACHCHADE		B/h. IOC Petrol Pump, A/710-711, Titanium City Centre, Near Shyamal Road, Satellite, Bhandal Nagar, Ahmedabad 380015, Gujarat, India		
Telephone No	Employee Code/No	Designation	UAN Number	
		AREA SALES EXECUTIVE	101820037115	
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No	
From	To			
2022	2025	MR. RUPAK SINHA	rupak@mediasohygiene.in	
Duties & Responsibilities		Reasons for leaving		
SALES		PERSONAL REASON		
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID		
Miss Kanti Patel 9904445025		ka@mediasohygiene.in		
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			
Last Salary drawn	<input type="checkbox"/> Temporary			
	<input type="checkbox"/> Contractual			
Please tick mark the documents submitted for this employment				
<input 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		
Mr. AMARDEEP 9212668961		AHMEDABAD GUJARAT (INDIA) MUMBAI		
Telephone No	Employee Code/No	Designation	UAN Number	
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No	
From	To			
2017	2022	MR. RAHULDEEP		
Duties & Responsibilities		Reasons for leaving		
SALES		PERSONAL REASON		
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 checked="" type="checkbox"/> Relieving letter <input checked="" type="checkbox"/> Offer letter <input type="checkbox"/> Any Other (please specify)				
<input type="checkbox"/> None				
Documents Required (Mandatory)				