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
ASSOCIATE AREA MANAGER	PATNA

Personal Information

Full Name of the Applicant		Pancard Number	Aadhaar Number
SHREYANSH SHEKHAR SHASHI		CWQPS6079R	2361 3919 6009
Father's Full Name	KRISHNA KUMAR TRIVEDI	**Date of Birth (DD/MM?YYYY)**	
Husband Name	—	18/05/1986	
Gender (MALE/FEMALE)	**MOBILE NUMBER**	**Nationality**	**Marital Status**
MALE	9472882020	INDIAN	MARRIED
Personal Email ID		**Official Email ID**	
S1S2SHASHI @ GMAIL.COM		SHREYANSH.S@HEALTHJUMMEDTECH.com	

Permanent Address	Period of stay	
SACHHLI NIWAS (1st floor) LAKHNUSARAI, WARD NO. 21 NEAR - KALE KHAN NEEM SASARAM ROHTAS, BIHAR - 821115	**From (Month/Year)**	**To (Month/Year)**
	09/2000	02/2007
	Residence Mobile Number	**Alternate Mobile number**
	7549311849	9504975959

Pincode	821115
State	BIHAR
Prominent Landmark	NEAR KALE KHAN NEEM
Nearest Police Station	TOWN THANA

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
PUNE UNIVERSITY	MBA	03-04-2008	05-07-2010	MBA MARKETING	14585

Name of the College	Course Name / Specialization
MIT PUNE	MARKETING

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 From dd/mm/yy	Dates Attended To dd/mm/yy	Qualification Gained Name of the Course	ID /Roll No
IGNOU	B.T.S	01-04-2004	13-12-2007	B.T.S	043933603

Name of the College	Course Name / Specialization
GAYA COLLEGE	TOURISM STUDIES

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

☑ Marksheet ☐ Provisional Certificate ☐ Degree Certificate ☐ None

Name of the College 12TH STANDARD	University / Board Name & Location	Dates Attended From dd/mm/yy	Dates Attended To dd/mm/yy	Qualification Gained Name of the Course	ID /Roll No
GAYA COLLEGE	BIEC PATNA	20-06-2001	27-05-2003	INTERME-DIATE SCIENCE	10255

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

☑ Marksheet

Name of the College 10TH STANDARD	School / Board Name & Location	Dates Attended From dd/mm/yy	Dates Attended To dd/mm/yy	Qualification Gained Name of the Course	ID /Roll No
GYAN BHARTI BODHGAYA	CBSE	01-04-2000	28-05-2001	SECONDARY SCHOOL	5114099

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	
T I MEDICAL		505-507, SUNCITY BUSINESS TOWER, GOLF COURSE ROAD SECTOR-54 GURUGRAM 122002	
Telephone No	Employee Code/No	Designation	UAN Number
9472882020	BH040	DM	100014269083

Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		9708900777
		MR ALOK SAURABH	Reporting Manager's Email ID
18-12-2024	28-08-2025		alok.saurabh@timedical.murugappa.com

Duties & Responsibilities	Reasons for leaving
SALE OF LOTUS PRODUCTS	GROWTH
HR-Human Resource Contact Person Name & Contact Number	HR - Human Resource Contact Person Email ID
BHAVINI MEHTA 7021840645	bhavini@timedical.murugappa.com

First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details
Jan 24	☑ Permanent ☐ Temporary ☐ Contractual	
Last Salary drawn: July 25		
Last Salary drawn	☐ Temporary ☐ Contractual	

Please tick mark the documents submitted for this employment

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

☐ None

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

Name of the Employer -2 (Ex-Employment)		Address of Employer	
AMS			
Telephone No	Employee Code/No	Designation	UAN Number
9472882020	0310	AREA MANAGER	100014269083

Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		
		MR PRADEEP TIWARI	Reporting Manager's Email ID
02-11-2020	13-12-2024		ptiwari@amsltd.com

Duties & Responsibilities	Reasons for leaving
SALE OF AIMS PRODUCTS	FAMILY HEALTH ISSUE
HR-Human Resource Contact Person Name & Contact Number	HR - Human Resource Contact Person Email ID
RIMPAL SONAVANE 9925555090	rsonavane@amsltd.com

First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details
DEC 20	☑ Permanent ☐ Temporary ☐ Contractual	
Last Salary drawn: NOV 24		

Please tick mark the documents submitted for this employment

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

SHREYANSH SHEKHAR SHASHI	Shashi	19-09-2025
Full Name of the Candidate	**Signature**	**Date of Form Filled**