

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	
FIELD MANAGER		BERHAMPUR	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
ANJALI SWAIN		MLGPS3811A	5607 2723 8194
Father's Full Name	krushna chandra Giti	Date of Birth (DD/MM/YYYY)	
Husband Name	Saroj Kumar Sahoo	14/03/1994	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
FEMALE	8448320820	INDIAN	MARRIED
Personal Email ID		Official Email ID	
Sonamanjali842@gmail.com		anjali.s@healthiummedtech.com	
Permanent Address		Period of stay	
AT/PO - paida, via- Tiran PS - Erasama, Dist- Jagatsinghpur odisha - 754138		From (Month/Year)	To (Month/Year)
		14/3/1994	2/1/2024

		Residence Mobile Number	Alternate Mobile number
Pincode	754138	8763349769	6371196528
State	ODISHA		
Prominent Landmark	Near Paida Post Office		
Nearest Police Station	Errasama		

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	
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	
UTKAL UNIVERSITY	Bachelor of Science	7/7/2013	25/4/2016	Bio Technology	1302010190 390054
Name of the College		Course Name / Specialization			
ACADEMY OF MANAGEMENT & INFORMATION TECHNOLOGY		Bsc. Biotechnology			

Please tick mark the documents submitted for this qualification along with this form			
Marksheet <input checked="" type="checkbox"/>	Provisional Certificate <input type="checkbox"/>	Degree Certificate <input type="checkbox"/>	None <input type="checkbox"/>

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	
S.SJ Mahavidyalaya	Council of higher Secondary Education, Odisha	11-7-2011	29-5-2013	Science	619CB002

Please tick mark the documents submitted for this qualification along with this form			
Marksheet <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	
GADIBRAHMA HIGH SCHOOL	BOARD OF SECONDARY EDUCATION, ORISSA	20/6/2008	10/5/2011		16RA077

Please tick mark the documents submitted for this qualification along with this form			
Marksheet <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

AQMEN MEDTECH PVT. LTD		Site NO-46/1, Nanjudeshwara Layout, Chikkabiddrekalu, Tumkur Road, Bengaluru - 560073	
Telephone No	Employee Code/No	Designation	UAN Number
+91-80-23245324	AMPL12743	BDE	101813660406
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		9040900523
07/02/2024	08/08/2025	Pabitra kumar Sahu	Reporting Manager's Email ID
			Pabitra.Sahu@aqmen.co.in
Duties & Responsibilities		Reasons for leaving	
		Personal Growth	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Aishwaraya Lakshmi@aa 8112067940		Aishwaraya.lakshmi@aqmen.co.in	
First Salary drawn	Was this Position Permanent Temporary Contractual	Agency Details (if temporary or contractual), provide details	
21,287 ~			
Last Salary drawn			
29384 ~			
Last Salary drawn	Temporary		
29384 ~	Contractual		
Please tick mark the documents submitted for this employment			
Service Certificate None	Relieving letter	Offer letter <input checked="" type="checkbox"/>	Any Other (please specify)
Employment History - Please attach a copy of your relieving letter/service certificate			
Name of the Employer -2 (Ex-Employment)		Address of Employer	
Aarux Pharmaceuticals Pvt. Ltd		NO-2007/3, 36th Street, I Block, 18th main Road Anna Nagar (West), Chennai - 600040	
Telephone No	Employee Code/No	Designation	UAN Number
044-26180591		Medical Representative	101813660406

Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		9438039113
01.03.2023	6.2.2024		Reporting Manager's Email ID
		Poodeep Ku. Sahoo	PooadiptaSahoo84@gmail.com
Duties & Responsibilities		Reasons for leaving	
Sales			
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Mahalakshmi N - 9790922989		Malalakshmi - hr@aaruxpharma.com	
First Salary drawn	Was this Position Permanent Temporary Contractual	Agency Details (if temporary or contractual), provide details	
18000			
Last Salary drawn			
20000			
Please tick mark the documents submitted for this employment			
Service Certificate	Relieving letter	Offer letter <input checked="" type="checkbox"/>	Any Other (please specify)
None			
Documents Required (Mandatory)			
<u>Education:</u>			
Photocopy of degree certificate and final mark sheet of all examinations			
<u>Employment</u>			
Photocopy of relieving / experience letter for each employer mentioned in the form			
<u>Identity & Address Proof</u>			
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 .

ANJALI SWAIN	Anjali Swain	10-9-25
Full Name of the Candidate	Signature	Date of Form Filled