

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
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Product Specialist

Jaipur

Personal Information

Full Name of the Applicant	Pancard Number	Aadhaar Number
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MANISH KUMAR SAINJAR

DSG8S8764A

532601759294

Father's Full Name	MR. SURESH CHANDRA	Date of Birth (DD/MM/YYYY)
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Husband Name	16/04/1991
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Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
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MALE

9587030303

INDIAN

MARRIED

Personal Email ID

Official Email ID

Manish Sainjar 89@gmail.com

Manish.S9@Healthium medtech. Com

Permanent Address

Period of stay

Shri Suresh Niwas Plot No.16
Deep Nagar New Sanganer
Road, Near Jain temple
Sodala Jaipur (RAJ)
PIN CODE 302019

From (Month/Year)

To (Month/Year)

1998

Still Cont...

Residence Mobile Number

Alternate Mobile number

Pincode

302019

7850-950455

State	RATNASTHAN	
Prominent Landmark	near Jain temple	
Nearest Police Station	Manesh Nagar Police Station.	

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	Name of the Course	
		dd/mm/yy	dd/mm/yy		
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	Name of the Course	
		dd/mm/yy	dd/mm/yy		
R.V.H.S	B.PHARMA	2007	2011	B.PHARMA	07/3383 Roll No. 4218
Name of the College			Course Name / Specialization		
Swami Vivekanand Institute of pharmacy.			B.PHARMY		

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	Name of the Course	
		dd/mm/yy	dd/mm/yy		
12TH STANDARD					
RAWAT SCHOOL	R.B.S.E	2006	2007	12th.	1128107

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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	
RAWAT SCHOOL	A.B.S.E	2004	2005	10th	0225521

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	
Amneel pharmaceuticals		29 15-16 Art Child House Phoenix Kuria West 400070	
Telephone No	Employee Code/No	Designation	UAN Number
	344369	Key Acc. Manager	100843473745
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		9740015414
Dec-2024	Aug-2025	Mr. Abhishek Dwivedi	Reporting Manager's Email ID
			Abhishek.Dwivedi@amneel.com

Duties & Responsibilities	Reasons for leaving
C.N.S and M.S portfolio	growth
HR-Human Resource Contact Person Name & Contact Number	HR - Human Resource Contact Person Email ID

Shino Varghese shino.Varghese@amneel.com - 877-9022600

First Salary drawn	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details
Dec-2024		
Last Salary drawn		
Aug-2025	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	
Last Salary drawn		

Please tick mark the documents submitted for this employment

☐ Service Certificate ☒ Relieving letter ☒ Offer letter ☐ 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	
Sanofi		Sanofi House CTS NO117-B LBT Park Sakinaka Vihar Powai 400072	
Telephone No	Employee Code/No	Designation	UAN Number
	111642	Sr. Territory Manager	100843473745
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		Mr. Priyesh Vyas (1ctt.org)
JUNE 2015	NOV-2024	Priyesh Vyas	Reporting Manager's Email ID
		9916840187	Priyesh.Vyas@sanofi.com

First Salary drawn JUNE 2015	Was this Position <input checked="" type="checkbox"/> Permanent	Agency Details (if temporary or contractual), provide details
Last Salary drawn	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	
Last Salary drawn Nov. 2024	<input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Contractual	

Please tick mark the documents submitted for this employment

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 .

MANISH KUMAR SAINGAR		19-04-2025
Full Name of the Candidate	Signature	Date of Form Filled

**AMNEAL HEALTHCARE PVT LTD**

Salary for the Month of August 2025

EMPNAME	: Manish Kumar Saingar	PF NO	: GJAHD2388065000 /10448
EMP ID	: 344369	MONTH DAYS	: 31.00
DESIGNATION	: Key Account Manager	PAID DAYS	: 31.00
DEPARTMENT	: Marketing	ABSENT DAYS	: 0.00
BANK NAME	: ICICI Bank	ACCOUNT NUMBER	: 677401700486
UAN NUMBER	: 100843473745	PAN NUMBER	: DSGPS8764A

EARNINGS	ARREAR	MASTER	AMOUNT	DEDUCTIONS	AMOUNT
Basic Pay	0.00	31,789.00	31,789.00	Provident fund	3,815.00
HRA	0.00	12,716.00	12,716.00	Professional Tax	200.00
Conveyance	0.00	1,600.00	1,600.00		
Mobile Reimbursement	0.00	250.00	250.00		
Leave Travel Reimbursement	0.00	21,974.00	21,974.00		
Medical Reimbursement	0.00	1,250.00	1,250.00		
Bonus	0.00	4,200.00	4,200.00		
Gross Salary Payable	0.00	73,779.00	73,779.00	Total Deduction	4,015.00

NET TRANSFER : 69,764.00

Rupees Sixty-Nine Thousand Seven Hundred and Sixty-Four Only

Authorized Signatory

Employee Signaturee

This is a system generated salary slip hence signature is not required

**AMNEAL HEALTHCARE PVT LTD**

Salary for the Month of July 2025

EMPNAME	: Manish Kumar Saingar	PF NO	: GJAHD2388065000 /10448
EMP ID	: 344369	MONTH DAYS	: 31.00
DESIGNATION	: Key Account Manager	PAID DAYS	: 31.00
DEPARTMENT	: Marketing	ABSENT DAYS	: 0.00
BANK NAME	: ICICI Bank	ACCOUNT NUMBER	: 677401700486
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Authorized Signatory

Employee Signaturee

This is a system generated salary slip hence signature is not required



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Resignation from Key A...



varghese <Shridi.varghese@amneal.com>, Manish Saingar <manishsaingar89@gmail.com>

Subject: RE: Resignation from Key Account Manager Position at Amneal

Dear Manish Saingar

I acknowledge receipt of your resignation letter and accept your decision to step down from the position of Key Account Manager, with your last working day being 3rd September 2025.

While it is difficult to see a valued member of the team move on, I sincerely appreciate your contributions, dedication, and the professionalism you have shown during your tenure at Amneal. I also thank you for your commitment to ensuring a smooth handover and transition. Please continue to coordinate with me and the team during this period so that the process is seamless.

On behalf of the team and myself, I wish you the very best in your future endeavors, both professionally and personally.

@Avdhut Sonawadekar Kindly assist Manish in ensuring a smooth collection of IT assets.

Thanks & Regards

Abhishek Dwivedi

Zonal Sales Manager – North & West

CNS Business Unit

Mob : 9740015414

Amneal Healthcare Private Limited

B wing | Lower ground | 15-16 Art Guild House | Phoenix



SAINGAR, Manish Kumar

Emp. No.:00111642

Workday ID: W00078211

Mumbai

Date: 27 November 2024

Subject:- Resignation Acceptance Letter

Dear Manish Kumar,

This is in reference to your resignation dated 26 November 2024 wherein you had requested to be relieved from the services of the Company. The Management has accepted your request and you will be relieved from the services of the Company with effect from 30 November 2024 at the close of working hours.

As per the agreement of service, there is a shortfall of notice period and accordingly adjustments will be made out of your annual leaves and other dues through your full and final settlement.

Please note that this is not a relieving letter, you will be relieved from service on handing over company belongings and settling all dues if any. To enable us to manage a smooth settlement of your final dues, you are advised to hand over the Company's belongings in your possession to your immediate Manager/ concerned departments before your last working day.

Based on the confirmation received from your Manager/concerned departments, Payroll section will be advised to process the final settlement of dues.

In case you are taking up employment elsewhere, kindly ask your new employer to send us Form 13A (Revised), to enable us to transfer your Provident Fund and Pension Fund to the new Provident Fund and Pension Fund account.

You have agreed that you will not use any information acquired by you during your tenure in any manner which shall be harmful to the company and you would not, for whatsoever reason, say or do any acts calculated to harm the reputation or standing of the company.

In case you are not taking up a new employment, kindly follow the below process for your settlement:

1. Provident Fund: Please initiate online PF withdrawal process on catalyst Trusteeship Portal link https://gdatrusteeship.gdatc.com/GSPPWeb_CTL/GDAIndex.aspx
2. Employees Pension Scheme: please initiate online withdrawal process on RPFC portal link <https://unifiedportal-mem.epfindia.gov.in>

Best Regards,



Rituraj Singh Dhawan

Head – People Services

cc: Payroll Section

Sanofi India Limited, Sanofi House, CTS No. 117-B, L&T Business Park, Saki Vihar Road, Powai, Mumbai 400 072 - India - Tel.: +91(22) 2803 2000 - Fax: +91(22) 2803 2939 Corporate Identity Number : L24239MH1956PLC009794 Website: www.sanofiindia.com | www.sanofi.in Email: igrc.sil@sanofi.com



RAJASTHAN UNIVERSITY OF HEALTH SCIENCES

Copy of Marks Obtained at the B. Pharmacy, PART-IV (NEW SCHEME) EXAM. AUGUST- 2011

REVISED

Roll No.: 4218

Enrol. No.: 07/3383

Attempt: I

Name of Candidate : MANISH KUMAR SAINGAR

Father's Name : SURESH CHAND SAINGAR

Subject/Paper	Maximum Marks							Minimum Pass Marks		Marks Obtained							Rem.
	Theory			Practical			Sub. Total	Theory	Practical	Theory			Practical			Sub. Total	
	Theory	Sess.	Total	Prac.	Sess.	Total				Theory	Sess.	Total	Prac.	Sess.	Total		
INSTRUMENTAL ANALYSIS	80	20	100	80	20	100	200	50	50	47	16	63	40	14	54	117	
MEDICINAL CHEM.-II	80	20	100	80	20	100	200	50	50	43	10	53	48	14	62	115	
DOSAGE FORM DESIGN	80	20	100	80	20	100	200	50	50	53	13	66	40	17	57	123	
BIOPH & PHCOKINETI	80	20	100	80	20	100	200	50	50	40	17	57	40	11	51	108	
PHCOLOGY-III & CL. PH.	80	20	100	80	20	100	200	50	50	49	15	64	58	15	73	137	
PHARMACOGNOSY-II	80	20	100	80	20	100	200	50	50	57	08	65	47	18	65	130	
PHARMACEUT. IND. MGMT	80	20	100				100	50	50	53	14	67				67	
PROJECT					50	50	50		25				37		37	37	
PROF. TRAINING					50	50	50		25				34		34	34	
TOTAL 868																	
PART-I:911		PART-II :772		PART-III : 812		PART-IV : 868		G.TOTAL :3363/5300				RESULT: FIRST					

NOTES :-

1. For a pass a candidate is required to obtain at least 50% marks in Theory and inclusive of sessionals Practical () separately) in all the subjects.
2. For a distinction 75% marks in a subject shall be the minimum, provided the candidate passes the examination at one and the same time. 'D' against subject total denotes a distinction in the subject.
3. Marks Written with an asterisk(*) against a paper denote failure in the paper.
4. Failure in more than three subjects (each theory paper or practical examination shall be considered as a subject) shall debar him/her from promotion to the next higher class.
5. A candidate who has failed in not more than three subjects can proceed to the next higher examination, the result of which shall not be declared until the candidate has passed in the failing subjects of the lower examination.
6. Application for scrutiny of marks and/or revaluation of answer-books as permissible under the rules should reach to the Registrar on the prescribe form along with requisite fee within 30 days from the date of declaration of result.
7. In case of any mistake being detected during the preparation of the marks sheet or brought to notice afterwards, the University will be fully empowered to correct the same.

Jaipur

Dated : 11.03.2013

Prepared by

Checked by

CONTROLLER OF EXAMINATIONS



माध्यमिक शिक्षा बोर्ड, राजस्थान
Board of Secondary Education, Rajasthan
माध्यमिक परीक्षा, 2005
Secondary School Examination - 2005
अंक-तालिका / Mark Sheet

क्रमांक
Serial No. 249530
पंजीयन संख्या
Enrol. No. 5/225516

नामांक	केन्द्र	जिला	विद्यालय/अग्रे. अधि.	जन्म दिनांक	स्वयंपाठी/नियमित	परीक्षा श्रेणी	संदर्भ संख्या
0225521	12034	12	12440	16/04/91	REGULAR	1	215674

परीक्षार्थी का नाम

MANISH KUMAR SAINGAR

पिता का नाम

SURESH CHANDRA SAINGAR

माता का नाम

VED KUMARI SAINGAR

विषय एवं पूर्णांक/न्यूनतम उत्तीर्णांक	हिन्दी 100/33			अंग्रेजी 100/33			विज्ञान 100/33					
	I	सत्रांक	योग	I	सत्रांक	योग	I	II	सत्रांक	योग		
प्राप्तांक	73	10	83D	53	10	63	28	41	10	79D		
विषय एवं पूर्णांक/न्यूनतम उत्तीर्णांक	सामाजिक विज्ञान 100/33				गणित 100/33				तृतीय भाषा 100/33			
	I	II	सत्रांक	योग	I	II	सत्रांक	योग	I	सत्रांक	योग	
प्राप्तांक	33	34	10	77D	40	32	10	82D	SANSKRIT	59	10	69
कुल पूर्णांक 600	कुल प्राप्तांक 453			75.50%			परिणाम FIRST DIVISION					

विषय एवं पूर्णांक	कम्प्यूटर साक्षरता 100	स्वास्थ्य एवं शारीरिक शिक्षा 100	समाजोपयोगी उत्पादक कार्य एवं समाज सेवा	कला शिक्षा
प्राप्तांक एवं ग्रेडिंग	---	082	A	A

अजमेर
Ajmer

दिनांक
Date

31ST MAY, 2005

(विशेष विवरण हेतु - कृ. पृ. उ.)

Signature

(आर. बी. गुप्ता)
निदेशक (परीक्षा)



माध्यमिक शिक्षा बोर्ड, राजस्थान
Board of Secondary Education, Rajasthan
उच्च माध्यमिक परीक्षा, 2007
Senior Secondary Examination, 2007
अंक-तालिका / Mark Sheet

क्रमांक
Serial No. 0054239
पंजीयन संख्या
Enrol. No. 7/062531

नामांक	केन्द्र	जिला	विद्यालय/अग्रे. अधि.	स्वयंपाठी/नियमित	परीक्षा श्रेणी	संदर्भ संख्या
1128107	12144	12	12440	REGULAR	1	027383

परीक्षार्थी का नाम	MANISH KUMAR SAINGAR
पिता का नाम	SURESH CHANDRA SAINGAR
माता का नाम	VED KUMARI SAINGAR

अनिवार्य/ऐच्छिक विषय	पूर्णांक		न्यूनतम उत्तीर्णांक		प्राप्तांक			
	सैद्धा.	सत्रांक प्रायो.	सैद्धा.	+सत्रांक प्रायो.	I सैद्धान्तिक II	सत्रांक	योग	प्रायो. योग
HINDI (COMP.)	90	10	33		51	10	61	061
ENGLISH (COMP.)	90	10	33		48	10	58	058
PHYSICS	90	10	33	17	22	18	50	46 096
CHEMISTRY	90	10	33	17	19	17	46	40 086
BIOLOGY	90	10	33	17	15	25	50	45 095

कुल पूर्णांक	650	कुल प्राप्तांक	396	60.92	परिणाम	FIRST DIVISION
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अतिरिक्त विषय						
COMP. SC. (AC)	100					084
ENVR. EDU.	100		33			085
SOC. SER. PLAN.						A

अजमेर Ajmer						
दिनांक Date	11-05-07					
				(विशेष विवरण हेतु - कृ. पू. उ.)		

Signature
(आर. बी. गुप्ता)
निदेशक (परीक्षा)

अनुक्रमांक
Roll No.

4218

1130



प्रमाणित किया जाता है कि
मनीष कुमार सेंगर

को अगस्त, 2011 की परीक्षा में उत्तीर्ण होने पर

बैचलर ऑफ़ फार्मसी

की उपाधि प्रदान की गई ।

**Rajasthan University Of Health Sciences
Jaipur**

This is to certify that

MANISH KUMAR SAINGAR

*having been examined in August, 2011 and
found qualified for the same, the Degree of*

Bachelor Of Pharmacy

was conferred on.

जयपुर (राजस्थान), भारत
JAIPUR (RAJASTHAN), INDIA

दिनांक / Dated : 02-02-2015




कुलपति
Vice Chancellor



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: C/O सुरेश चंद्र सेंगर, 16, दीप नगर
कॉलोनी, जैन मंदिर के पास, सोडाला, सांगानेर
रोड के पास, जयपुर, राजस्थान, 302019

Address: C/O Suresh Chandra Saingar, 16,
deep nagar colony, near jain mandir,
sodala, New Sanganer Road, Jaipur,
Rajasthan, 302019



5326 0175 9294



1947



help@uidai.gov.in



www.uidai.gov.in



भारत सरकार

Government of India



मनीष कुमार सेंगर

Manish Kumar Saingar

जन्म तिथि / DOB : 16/04/1991

पुरुष / Male

5326 0175 9294

मेरा आधार, मेरी पहचान

06/08/2011

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

MANISH KUMAR SAINGAR

SURESH CHANDRA SAINGAR

16/04/1991

Permanent Account Number

DSGPS8764A

Manish Kumar Saingar

Signature



43102011