

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	
Senior Territory Manager		Lucknow	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
RINKAL YADAV		AQE PY1790 R	842702881455-
Father's Full Name	Ram Vilas Singh	Date of Birth (DD/MM/YYYY)	
Husband Name		07 - 02 - 1993	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
Male	9695084346	Indian	Married
Personal Email ID		Official Email ID	
YADAVRINKAL95 @ GMAIL . COM		RINKAL . Y @ HEALTHIUMMEDTECH . COM	
Permanent Address		Period of stay	
Vill + Post - Sakrava Dist - Kannauj		From (Month/Year)	To (Month/Year)
		Residence Mobile Number	Alternate Mobile number
Pincode	209747	9695084346	
State	U . P .		
Prominent Landmark	Arya Samaj Mandir		
Nearest Police Station	Sakrava		

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 College		Course Name / Specialization			

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

Marksheets 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		
CSJM UNIVERSITY, KANPUR	B.Sc.	01/07/2012	06/06/2015	B.Sc.	6055986
Name of the College		Course Name / Specialization			
Ganga Singh Mahavidyalaya, Sultanpur, Husepur, Saurikh, Kannauj		B.Sc.			
Please tick mark the documents submitted for this qualification along with this form <input checked="" type="checkbox"/> Marksheets <input type="checkbox"/> Provisional Certificate <input type="checkbox"/> Degree Certificate <input type="checkbox"/> None					
Name of the College	University / Board Name & Location	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
		dd/mm/yy	dd/mm/yy		
12TH STANDARD	U.P. Board Allahabad (U.P.)	01/07/2011	05/06/2012	12 th	1146399
Please tick mark the documents submitted for this qualification along with this form <input checked="" type="checkbox"/> Marksheets					
Name of the College	School / Board Name & Location	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
		dd/mm/yy	dd/mm/yy		
10TH STANDARD	U.P. Board Allahabad (U.P.)	01/07/2008	30/05/2009	10 th	1465144
Please tick mark the documents submitted for this qualification along with this form <input checked="" type="checkbox"/> Marksheets					

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	
Poly Medicure Limited		232-B, IIIrd Floor, ORKhla, Industrial Estate, Phase - III, New Delhi - 110020	
Telephone No	Employee Code/No	Designation	UAN Number
+91-11-33550700	B001389	ABM	101319438933
Employment Period		Reporting Manager's Contact No	
From	To	Reporting Manager's Name	
		Mr. Shailendra Nath Shukla	
09/11/2022	13/09/2025	Reporting Manager's Email ID	
Duties & Responsibilities		Reasons for leaving	
Sales Analysis, Target Achievement		Better Opportunity,	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Sunny Bisht - 9582325345		sunny.bisht@Polymedicure.com	
First Salary drawn 38000	Was this Position <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details	
Last Salary drawn 47259	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		
Last Salary drawn 38000	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		
Please tick mark the documents submitted for this employment			
<input type="checkbox"/> Service Certificate		<input type="checkbox"/> Relieving letter <input checked="" type="checkbox"/> Offer letter	
<input type="checkbox"/> None		<input 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	
Amanta Healthcare Limited		5th Floor Heritage, Mr. Gajjar Vidyapith, Ashram Road Ahmedabad Gujarat India (380014)	
Telephone No	Employee Code/No	Designation	UAN Number
7967777600	S807	ABM	
Employment Period		Reporting Manager's Contact No	
From	To	Reporting Manager's Name	
		Mr. Vijay Sharma	
04/2022	11/2022	Reporting Manager's Email ID	
Duties & Responsibilities		Reasons for leaving	
Sales Analysis & Target Achievement		Better Opportunity	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Hardik Pandya - 6352660709			
First Salary drawn	Was this Position <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	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 type="checkbox"/> Relieving letter <input checked="" type="checkbox"/> Offer letter	
<input type="checkbox"/> None		<input type="checkbox"/> Any Other (please specify)	

Documents Required (Mandatory)

Education:

- Photocopy of degree certificate and final mark sheet of all examinations

Employment

- Photocopy of relieving / experience letter for each employer mentioned 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.

<u>RINKAL YADAV</u>	<u>Rinkal</u>	<u>21/09/2025</u>
Full Name of the Candidate	Signature	Date of Form Filled