

# 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	
PRODUCT MANAGER - ENDSURGERY		BANGALORE	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
CHINMAY SANJAY GODBOLE		CEYPG4334P	636332085692
Father's Full Name	Date of Birth (DD/MM/YYYY)		
SANJAY GODBOLE	23 / 11 / 1993		
Husband Name			
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
MALE	9886657436	INDIAN	MARRIED
Personal Email ID		Official Email ID	
CHINMAY@GODBOLE.IN			
Permanent Address		Period of stay	
# 24, SBI OFFICERS COLONY BASAVESHWARNAGAR BANGALORE - 560079 KARNATAKA		From (Month/Year)	To (Month/Year)
		Residence Mobile Number	Alternate Mobile number
Pincode	560079	7276526939	
State	KARNATAKA		
Prominent Landmark	AYODHYA SAGAR		
Nearest Police Station	BASAVESHWARNAGAR		

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	
IIT MADRAS	EMBA				
Name of the College		Course Name / Specialization			
INDIAN INSTITUTE OF TECHNOLOGY MADRAS		EXECUTIVE MASTERS IN BUSINESS ADMINISTRATION			
Please tick mark the documents submitted for this qualification along with this form					
<input type="checkbox"/> Marksheet <input type="checkbox"/> Provisional Certificate <input checked="" type="checkbox"/> Degree Certificate <input type="checkbox"/> None					



Name of the University	GRADUATION	Dates Attended		Qualification	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
RAMAIAH INSTITUTE OF TECHNOLOGY	B.E MEDICAL ELECTRONICS				

Name of the College	Course Name / Specialization
RAMAIAH INSTITUTE OF TECHNOLOGY	BACHELORS OF ENGINEERING

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	
MES VIDYASAGAR					

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	
VENKAT INTERNATIONAL					

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 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	
ADVANCED MEDTECH SOLUTIONS PVT. LTD.		SAMA SAKLS, BARODA	
Telephone No	Employee Code/No	Designation	UAN Number
	1135	PRODUCT MANAGER	101101453897
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	HARIDUTT KAUSHIK	+91 77 380 16801
			Reporting Manager's Email ID
APRIL 2024	AUG 2025		hkaushik@amsltd.com
Duties & Responsibilities		Reasons for leaving	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
RAKSHINDA SHAIK 99790 70968		rshaik@amsltd.com	

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

Please tick mark the documents submitted for this employment