

EMPLOYEE BACKGROUND VERIFICATION FORM

COMPANY NAME :

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	
TERRITORY SALES MANAGER. (TSM).		KOLKATA.	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
SOUMYADEEP TARAFDAR.		AWHPT3685R.	9478 0489 5922.
Father's Full Name	SUDIPTO TARAFDAR.	Date of Birth (DD/MM/YYYY)	
Husband Name		30.07.1996.	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
MALE	7003814458.	INDIAN.	MARRIED.
Personal Email ID		Official Email ID	
Soumyadipja22@gmail.com.			
Current Address		Period of stay	
N.T. ROAD CHATUGANJE P.O: SHEORAPHULI DIST.: HOOGHLY BMDYABATI (M) PIN: 712223. WEST BENGAL.		From (Month/Year)	To (Month/Year)
		1996.	2025.
		Residence Mobile Number	Alternate Mobile number
Pincode	712223.	9830999938.	9123007332.
State	WEST BENGAL.		
Prominent Landmark	NEAR BOY'S ATHLETIC CLUB.		
Nearest Police Station	SERAMPORE.		

Permanent Address		Period of stay	
N.T. ROAD, CHATUGANJE P.O: SHEORAPHULI DIST: HOOGHLY BMDYABATI (M) PIN: 712223 WEST BENGAL.		From (Month/Year)	To (Month/Year)
		1996.	2025.
		Residence Mobile Number	Alternate Mobile number
Pincode	712223.	9830999938.	9123007332.
State	WEST BENGAL.		
Prominent Landmark	NEAR BOY'S ATHLETIC CLUB.		
Nearest Police Station	SERAMPORE.		

Education Qualification - Please attach copy of Degree and Final year mark sheet

Name of the University	POST GRADUATION	Dates Attended		Qualification	ID /Roll No
		From	To	Gained	
		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	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
CALENTTA UNIVERSITY.	BACHELORS OF ARTS.	09.07.16	26.06.19	B.A.	2613-61-0007

Name of the College

Course Name / Specialization

SERAMPORE COLLEGE.

B.A ENGLISH LITERATURE.

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	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
12TH STANDARD					
C.B.S.E.	TECHNOINDIA PUBLIC SCHOOL, HOOGHLY.	01.03.15	21.05.16	HIGHER SECONDARY (ARTS)	6616354.

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	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
10TH STANDARD					
I.C.S.E.	DON BOSCO SCHOOL, BANDEL.	01.03.13	21.05.14	SECONDARY	5992154.

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

☒ Marksheet

Employment History			
<p>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.</p>			
Name of the Employer -1 (Latest Employment)		Address of Employer	
BIVENEEM MEDICAL DEVICES .PVT.LTD.		Harohalli Industrial Area Bengaluru - 562112 KARNATAKA, INDIA.	
Telephone No	Employee Code/No	Designation	UAN Number
	820.	SR. EXECUTIVE.	101824706395
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	SUSHANT GODAVARI DASH.	9619679789.
09.05.2024.	21.07.2025.		Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
Looking after corporate & Govt. Institution.		Reviewed better opportunity at Healthium.	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
MANASA SHETTY - 9035657064.			
First Salary drawn JUNE, 2024.	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 JUNE 2025.	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		
Last Salary drawn	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		
<p>Please tick mark the documents submitted for this employment</p> <p> <input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input checked="" type="checkbox"/> Any Other Resignation copy. <input type="checkbox"/> None (please specify) </p>			
Employment History - Please attach a copy of your relieving letter/service certificate			
Name of the Employer -2 (Ex-Employment)		Address of Employer	
MERIL ENDO SURGERY. PVT. LTD.		Bilakhia House, Survey no. 135/139 Muktanand chala, Vapi, Gujarat, INDIA - 396191.	
Telephone No	Employee Code/No	Designation	UAN Number
	25525.	TSM.	101824706395
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	Sankhadip Das.	8584968939.
02.03.2023	09.05.2024		Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
Looking after corporates and key accounts.		Relocating was the reason, for which I left for change.	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
ANIT GUPTA - 8892029050		8424029050.	
First Salary drawn April, 2023	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 April, 2024	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		
<p>Please tick mark the documents submitted for this employment</p> <p> <input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input checked="" type="checkbox"/> Any Other Resignation copy. <input type="checkbox"/> None (please specify) </p>			

Employment History - Please attach a copy of your relieving letter/service certificate			
Name of the Employer -3 (Previous Employment)		Address of Employer	
INTEGRACE PVT. LTD.		A-06/4/8A, 2nd floor, A wing, Mtl Guild house, LBS Marg, Kurla (West) Mumbai - 400070.	
Telephone No	Employee Code/No	Designation	UAN Number
		F80-(HBT)	101824706395
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	Rajendra Sahoo.	93922 57 575.
08.11.2021.	28.02.2023		Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
GANESH JHA - 9969534769.		WANTED TO EXCEL IN DEVISEMENT.	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Looking only after Corporate Hosp.			
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details	
DECEMBER, 2021.	<input checked="" type="checkbox"/> Permanent		
Last Salary drawn	<input type="checkbox"/> Temporary		
FEBRUARY, 2023	<input type="checkbox"/> Contractual		
Please tick mark the documents submitted for this employment			
<input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> Any Other <input checked="" type="checkbox"/> None (please specify)			
Employment History - Please attach a copy of your relieving letter/service certificate			
Name of the Employer -4 (Previous Employment)		Address of Employer	
Telephone No	Employee Code/No	Designation	UAN Number
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details	
	<input type="checkbox"/> Permanent		
Last Salary drawn	<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 type="checkbox"/> Offer letter <input type="checkbox"/> Any Other <input type="checkbox"/> None (please specify)			

Professional Reference Contact Details (Team Lead/Manager/Business Head/Director) (Mandatory if applicable)			
Name of the Person	Designation	Contact Number	Email ID
1 Rajendra Sahool.	ZSM.	9392259595	
2 Saukhadip Das.	RSM.	8584968939	
Documents Required (Mandatory)			
<u>Education:</u> <ul style="list-style-type: none">● Photocopy of degree certificate and final mark sheet of all examinations			
<u>Employment</u> <ul style="list-style-type: none">● Photocopy of relieving / experience letter for each employer metioned in the form			
<u>Identity & Address Proof</u> <ul style="list-style-type: none">● Pan Card / Passport Copy/ Driving License / Aadhaar Copy / Bank Passbook / Voter ID			
Declaration and Authorization			
<p>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.</p> <p>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 .</p>			
SOUNDEEP TARAFDAR	Sounudeep Tarafdar .	21.07.2023 .	
Full Name of the Candidate	Signature	Date of Form Filled	