

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

Personal Information

Full Name of the Applicant		Pancard Number	Aadhaar Number
<i>Rahul.S</i>		<i>PRCP58944A</i>	<i>499468459011</i>
Father's Full Name	<i>Shivamma.Ben.</i>		Date of Birth (DD/MM?YYYY)
Husband Name	—		<i>04/12/2000</i>
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
male	<i>9008807853</i>	<i>Indian.</i>	<i>unmarried.</i>
Personal Email ID	<i>rahul.s986117391@gmail.com</i>	Official Email ID	<i>rahul.es@hailiummedtech.com</i>

Permanent Address		Period of stay	
Bettahalli Dalya, Nelamangala Tum. Bangalore Kusal dist		From (Month/Year)	To (Month/Year)
		Residence Mobile Number	Alternate Mobile number
Pincode	<i>562123</i>		
State	<i>Karnataka</i>		
Prominent Landmark			
Nearest Police Station	<i>Nelamangala.</i>		

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		
<i>Tumkur university.</i>	<i>Msc. Biotechnology.</i>	<i>10/06/2021</i>	<i>18/08/2023</i>	<i>Biotechnology.</i>	<i>P11A281S017</i>
Name of the College		Course Name / Specialization			
<i>Tumkur university.</i>		<i>Biotechnology.</i>			

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	Name of the Course	
Bangalore City University.	BSC.	02/09/2018	10/04/2021	CBZ.	20181012

Name of the College

Course Name / Specialization

HkES SUP Degree college.

CBZ.

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

Marksheets Provisional Certificate Degree Certificate None

Name of the College	University / Board Name & Location	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
		dd/mm/yy	dd/mm/yy	Name of the Course	
12TH STANDARD	Karnataka PU College, Hesaraghatta.	06/07/2016	21/08/2018	PUC	20181012

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

Marksheets

Name of the College	School / Board Name & Location	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
		dd/mm/yy	dd/mm/yy	Name of the Course	
10TH STANDARD	Karnataka Secondary Education Board, MKGRU School	10/08/2015	07/04/2018	SSLC	20161018

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

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	
Somerset Therapeutics.		N Clamangala.	
Telephone No	Employee Code/No	Designation	UAN Number
		Executive.	
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From 10/04/2024	To 11/09/2025		Reporting Manager's Email ID
		Vijay kand. Pan.	
Duties & Responsibilities		Reasons for leaving	
		For career growth.	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	

First Salary drawn	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	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	

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	
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 <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details	
Last Salary drawn			
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 (please specify)	
<input type="checkbox"/> None			

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 .

<i>Rahul.S</i>	<i>DR</i>	<i>15/09/2025</i>
Full Name of the Candidate	Signature	Date of Form Filled