

**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		
Territory Manager	KANPUR		
<b>Personal Information</b>			
Full Name of the Applicant	Pancard Number	Aadhaar Number	
AKASH SHUKLA	BNRPS3990N		
Father's Full Name	Mr. Arvind Kr. Shukla		
Husband Name	Date of Birth (DD/MM/YYYY)		
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
MALE	7905776699	INDIAN	MARRIED
Personal Email ID	akash.sh00@gmail.com	Official Email ID	akash.g@healthiummedtech.com

Permanent Address		Period of stay	
884, N/2, Basant Vihar, Naubasta, Kanpur		From (Month/Year)	To (Month/Year)
		from birth 1986	till date
		Residence Mobile Number	Alternate Mobile number
Pincode	208021		
State	U.P.		9369094364
Prominent Landmark	Near Manav Bhawan		
Nearest Police Station	Haridwar Vihar		

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		
C.S. J.A. Un	X	X	X	X	
Name of the College		Course Name/ Specialization			
Please tick mark the documents submitted for this qualification along with this form					
<input type="checkbox"/> Marksheets		<input type="checkbox"/> Provisional Certificate		<input type="checkbox"/> Degree Certificate	
				<input type="checkbox"/> None	
		Dates Attended		Qualification	

**AKASH SHUKLA**

Name of the University	GRADUATION	From	To	Gained	ID /Roll No
		dd/mm/yy	dd/mm/yy	Name of the Course	
C.S.J.M. University	B.Sc.	2004	2006	B.Sc.	

Name of the College	Course Name / Specialization
Roop Rani Sukehnandan	Bachelor of Science

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		
12TH STANDARD	U.P. Board Allahabad	2002	2003	Intermediate Science	

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		
10TH STANDARD	U.P. Board Allahabad	2000	2001	High School Science	

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	
Miracleus Offshore		Survey 106, OPP. Safer Industries, Vardhman, Gujarat	
Telephone No	Employee Code/No	Designation	UAN Number
	MOPL666	A.S.M.	100076760649
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From 11/01/2023	To 14/07/25		9838446959
		Reporting Manager's Email ID aniketsharma86@gmail.com	Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
Meeting with Dr. S. P. generate Sales		Personal	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Mr. Divyanshji		divyansh.chand@miracleus.com	
First Salary drawn 39960/RS/month	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 42757/RS/month			
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

None

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	
Adarx Pharma		36th Street, I Block, Chennai	
Telephone No	Employee Code/No	Designation	UAN Number
044-26180591		A.S.M.	100076760649
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From 01/12/2022	To 31/07/23		99191907323
		Reporting Manager's Email ID mayank.sh272@gmail.com	Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
		Company binded U.P.	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Mahalaxmi Mam		044-26180591	
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 36,000/RS/month			

#### Please tick mark the documents submitted for this employment

Service Certificate     Relieving letter     Offer letter

None

Any Other  
(please specify)

AKASH SHUKLA

**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

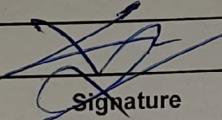
Identity & Address Proof

- 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.

Akash Shukla		15/10/2028
Full Name of the Candidate	Signature	Date of Form Filled

**AKASH SHUKLA**

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