

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	
FIELD MANAGER		GUWAHATI	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar No
SATYABRATA GHOSH		BAAP/SD87P	743324953834
Father's Full Name	PRATAP GHOSH	Date of Birth (DD/MM/YYYY)	
Husband Name		25-02-1993	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
MALE	7002880628	INDIAN	MARRIED
Personal Email ID		Official Email ID	
Satyabrata.ghosh2334@gmail.com		Satyabrata.ghosh@healthcaremedica.com	
Permanent Address		Period of stay	
c/o PRATAP GHOSH MUSTRY PATTY, LUMDING OPPOSITE RAMTAKUR MANJIN PO LPS - LUMDING, DIST - NAGHON PIN - 782447		From (Month/Year)	To (Month/Year)
		1975	TILL DATE
		Residence Mobile Number	Alternate Mobile Number
Pincode	782447	9365268113	
State	ASSAM		
Prominent Landmark	HANUMAN TEMPLE		
Nearest Police Station	LUMDING		

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

Name of the University	POST GRADUATION	Dates Attended		Qualification Gained
		From	To	Name of the Course
		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

☐ Marksheet ☐ Provisional Certificate ☐ Degree Certificate ☐ None

Name of the University	GRADUATION	Dates Attended		Qualification Gained
		From	To	Name of the Course
		dd/mm/yy	dd/mm/yy	
K. R. H. S. O. U	B. A	1-09-11	16-11-14	ARTS

Name of the College	Course Name / Specialization
K. K. H. S. O. U	B. A (ARTS)

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
		From	To	Name of the Course
		dd/mm/yy	dd/mm/yy	
12TH STANDARD				
NIOS	NIOS - DIMAPUR (NAGALAND)	2008	05-6-10	B. COM

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
		From	To	Name of the Course
		dd/mm/yy	dd/mm/yy	
10TH STANDARD				
R. H. S. S	SEBA - GOWAHATI	2008		HSLC

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	
Telephone No	Employee Code/No	Designation	UAN Number
7002880628	J21041	PME	
Employment Period		Reporting Manager's Name	Reporting Manager's
From	To	MANOJ KR. SARMAH	872108077
01/08/2023	31/08/2025		Reporting Manager's
Duties & Responsibilities		Reasons for leaving	
SALES, MARKETING, PME'S			
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Per	
BHAAVIN DAVE		9152956122	
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), if	
	<input checked="" type="checkbox"/> Permanent		
Last Salary drawn	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> Contractual	JB CHEMICAL'S	
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"/> None		<input type="checkbox"/> Offer letter	
		<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	
		Dr. REDDY'S LABORATORIES	
Telephone No	Employee Code/No	Designation	UAN Number
		TM	
Employment Period		Reporting Manager's Name	Reporting Manager's
From	To	SUSHANT KUMAR DHARA	0338409227
01-03-23	07-31-23		Reporting Manager's
Duties & Responsibilities		Reasons for leaving	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Per	
CHITRA 7730058674			
First Salary drawn	Was this Position		

Last Salary drawn	<input checked="" type="checkbox"/> Permanent	Agency Details (if temporary or contractual), if
	<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)

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 required at the company's discretion. I authorize all persons who may have information relevant to this enquiry to disclose the same to GoldQuest Global HR Services Pvt Ltd or its representative. I release all persons from liability on account of the same.

I confirm that the above information is correct to the best of my knowledge. I agree that in the event of my employment, my probationary appointment, confirmation as well as continued employment in the services offered are subject to clearance of medical test and background verification check done by the company.

Satyabrata Ghosh	Satyabrata Ghosh	21-08-25
Full Name of the Candidate	Signature	Date of Form I