

# 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
Associate area Manager	mumbai

## Personal Information

Full Name of the Applicant		Pancard Number	Aadhaar Number
Harindra Ramasre Yadav		ABUPY2797F	6.17899E+11
Father's Full Name	RAMASRE YADAV	Date of Birth (DD/MM?YYYY)	
Husband Name	NA	6/10/1983	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
MALE	9702485875	INDIAN	Married
Personal Email ID		Official Email ID	
<a href="mailto:Harry_7870@yahoo.com">Harry_7870@yahoo.com</a>		<a href="mailto:harindra.va@healthiummedtech.co">harindra.va@healthiummedtech.co</a>	

Permanent Address		Period of stay	
Panchsheel Apartment -A wing -B Flat no.19, yashodhan nagar, Lokmanya nagar pada no.2 thane west-400606		From (Month/Year)	To (Month/Year)
		5/1/1995	till date
		Residence Mobile Number	Alternate Mobile Number
Pincode	400606	9.7E+09	
State	Maharashtra		
Prominent Landmark	Near Suresh Medical		
Nearest Police Station	vartak nagar		

## 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	
sybiosis	PGDBM	7/1/2008	7/1/2010	PGDBM
Name of the College		Course Name / Specialization		
SYMBIOSIS		MARKETING		
Please tick mark the documents submitted for this qualification along with this form				
<input type="checkbox"/> Marksheet <input type="checkbox"/> Provisional Certificate <input type="checkbox"/> Degree Certificate <input type="checkbox"/> None				
		Dates Attended		Qualification Gained

Name of the University	GRADUATION	From	To	Qualification Gained
		dd/mm/yy	dd/mm/yy	Name of the Course
MUMBAI	BSC	7/1/2000	#####	BSC
Name of the College		Course Name / Specialization		
B.N.BANDODKAR COLLEGE THANE		BSC		

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	
12TH STANDARD		dd/mm/yy	dd/mm/yy	Name of the Course
N.K.T. JUNIOR COLLEGE,THANE	MAHARSHTRA BOARD, MUMBAI	7/1/1998	3/1/2000	HSC

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	
10TH STANDARD		dd/mm/yy	dd/mm/yy	Name of the Course
GYANODAYA VIDYA MANDIR,THANE	MAHARASHTRA BOARD,MUMBAI	5/1/1998		SSC

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

☐ Marksheet

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Employment History			
<b>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.</b>			
Name of the Employer -1 (Latest Employment)		Address of Employer	
MERIL ENDOSURGERY		MIDAS, Sahar plaza, J B Nagar, Andheri East, Mumbai	
Telephone No	Employee Code/No	Designation	UAN Number
2239357000	26177	Area sales manager	1.00434E
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	daya shankar sharma	9930416612
May-25	Sep-25		Reporting Manager's Email
			dayashankar.sharma@me
Duties & Responsibilities		Reasons for leaving	
handling corporate accounts of mumbai.		better opportunity	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person	
Amit gupta -8424029050		amitg.gupta@merillife.com	
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide	
Last Salary drawn	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		
Last Salary drawn	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	73800/	
<b>Please tick mark the documents submitted for this employment</b> <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			
Employment History - Please attach a copy of your relieving letter/service certificate			
Name of the Employer -2 (Ex-Employment)		Address of Employer	
Healthium medtech		472/D, 13th Cross 4th Phase, Peenya Industrial Area Peer	
Telephone No	Employee Code/No	Designation	UAN Number
080 4186 8000	700881	Sr.FM	1.00434E
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	Harjinder pal singh	9376230090
11/12/2020	3/2/2024		Reporting Manager's Email
Duties & Responsibilities		Reasons for leaving	
Handling corporate accounts		due to personal issues.	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person	
Mr.Sunil- 9538528658		sunil.ra@healthiummedtech.co	
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide	
Last Salary drawn	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		
		71000/	
<b>Please tick mark the documents submitted for this employment</b> <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 and this employee background verification form, and to conduct enquiries as may be necessary, at the discretion. I authorize all persons who may have information relevant to this enquiry to disclose it to GoldQuest Global 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 or probationary appointment, confirmation as well as continued employment in the services of the company are subject to medical test and background verification check done by the company .

<b>Harindra Yadav</b>		
<b>Full Name of the Candidate</b>	<b>Signature</b>	<b>Date of Form Fill</b>



ID /Roll No
2004014287
ID /Roll No
L002496
ID /Roll No
E199766

ai, Maharashtra 40
+11
Contact No
Email ID
<a href="#">erillife.com</a>
n Email ID
vide details
ya,
+11
Contact No
Email ID
n Email ID
<a href="#">m</a>
vide details

