

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	
Harry_7870@yahoo.com		harindra.ya@healthiummedtech.cc	
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	
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	
		dd/mm/yy	dd/mm/yy	
symbiosis	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"/> Marksheets		<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	Name of the Course
		dd/mm/yy	dd/mm/yy	
MUMBAI	BSC		#####	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

Marksheets 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, MUMB	7/1/1998	3/1/2000	HSC

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
		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

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	
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		9930416612
May-25	Sep-25	daya shankar sharma	Reporting Manager's Email
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 Email	
Amit gupta -8424029050		amitg.gupta@merillife.com	
First Salary drawn	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provided by the employer	
Last Salary drawn	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		
Last Salary drawn	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	73800/	

Please tick mark the documents submitted for this employment

Service Certificate Relieving letter Offer letter Any Other (please specify)
 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 Peenya, Bangalore	
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		9376230090
11/12/2020	3/2/2024	Harjinder pal singh	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 Email	
Mr.Sunil- 9538528658		sunil.ra@healthiummedtech.com	
First Salary drawn	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provided by the employer	
Last Salary drawn	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	71000/	

Please tick mark the documents submitted for this employment

Service Certificate Relieving letter Offer letter Any Other (please specify)
 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 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 an 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.

Harindra Yadav		
Full Name of the Candidate	Signature	Date of Form Fill

ID /Roll No
200816402

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

Application for Company's HR Services Pvt
Employment, my clearance of
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