

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	
Deputy Manager - EHS		Bengaluru	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
Murali B R		BPWPR3277N	287656857251
Father's Full Name	Rindappa B	Date of Birth (DD/MM?YYYY)	
Husband Name	-	01/05/1989	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
Male	7019606379	Indian	Married
Personal Email ID		Official Email ID	
muraharihospet@gmail.com		muralibr1112@gmail.com	
Permanent Address		Period of stay	
Murali B R S/o Rindappa B, #1313, 'Sri' Nivasa, 1st Main, 1st Cross, Teacher's Colony, MP Prakash Nagara, Hosapete, Vijayanagara(Dist)		From (Month/Year)	To (Month/Year)
		Jun-19	Till Date
		Residence Mobile Number	Alternate Mobile number
Pincode	583201	9449763279	-
State	Karnataka		
Prominent Landmark	Near Jakanachari Shilpakala Kendra		
Nearest Police Station	Hosapete City Police Station		

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	Name of the Course			
BOARD OF TECHNICAL EXAMINATIONS, KARNATAKA	POST DIPLOMA	Jun-12	May-13	POST DIPLOMA IN INDUSTRIAL SAFETY	494DS12022
Name of the College		Course Name / Specialization			
R G INSTITUTE OF TECHNOLOGY, TORANAGALLU		POST DIPLOMA IN INDUSTRIAL SAFETY			
Please tick mark the documents submitted for this qualification along with this form					
<input checked="" type="checkbox"/> Marksheets <input type="checkbox"/> Provisional Certificate <input checked="" type="checkbox"/> Degree Certificate <input type="checkbox"/> None					
		Dates Attended	Qualification Gained		

Name of the University	GRADUATION	From	To	Qualification Gained	ID /Roll No
		dd/mm/yy	dd/mm/yy		
BOARD OF TECHNICAL EXAMINATIONS, KARNATAKA	DIPLOMA	Jun-06	May-09	DIPLOMA IN E&C	479EC06028
Name of the College		Course Name / Specialization			
S V V S POLYTECHNIC BELLARY		DIPLOMA IN ELECTRONICS & COMMUNICATION			

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	NA	dd/mm/yy	dd/mm/yy		

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	DEEPAYANA ENGLISH MEDIUM HIGH SCHOOL, HOSPETE	dd/mm/yy	dd/mm/yy	SSLC EXAMINATION	20040107804
KARNATAKA SECONDARY EDUCATION EXAMINATION BOARD	Apr-03	Mar-04			

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	
HICAL TECHNOLOGIES PVT LTD		Survey No: 46&47, First Main Rd, Phase II, Electronic City, Bengaluru, Karnataka 560100	
Telephone No	Employee Code/No	Designation	UAN Number
080661 89681	6331	SENIOR ENGINEER	100238835425
Employment Period		Reporting Manager's Name GOVINDA PRASAD P R	Reporting Manager's Contact No
From	To		9900251670
			Reporting Manager's Email ID
30/09/2024	05/12/2025		govind.pr@hical.com
Duties & Responsibilities		Reasons for leaving	
IN-CHARGE OF ENVIRONMENT, HEALTH & SAFETY DEPT		BETTER OPPORTUNITY	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
MANIKANDAN R, 7019497950		Manikandan.R@hical.com	
First Salary drawn Sep-24	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 Nov-25			

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	
KEWAUNEE LABWAY INDIA PVT LTD		Tower-1, 2nd Floor - West Wing, E-City Software Park, Symbiosis-CGI Road, Electronic City Phase-1, Bengaluru, Karnataka- 560100	
Telephone No	Employee Code/No	Designation	UAN Number
1800-309-1906	390	SENIOR EHS ENGINEER	100238835425
Employment Period		Reporting Manager's Name HARIKRISHNA RAO	Reporting Manager's Contact No
From	To		9880038725
			Reporting Manager's Email ID
07/05/2018	06/09/2024		harikrishna@kewaunee.in
Duties & Responsibilities		Reasons for leaving	
IN-CHARGE OF ENVIRONMENT, HEALTH & SAFETY DEPT(FACTORY OPERATIONS)		BETTER OPPORTUNITY	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Girish Kumar N, 9047806078		girish.kumar@kewaunee.in	
First Salary drawn Jun-18	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 Sep-24			

Please tick mark the documents submitted for this employment

Service Certificate Relieving letter Offer letter Any Other
(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 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 .

Murali B R		17/11/2025
Full Name of the Candidate	Signature	Date of Form Filled