

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	
Market Development Manager		Kolkata	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
Debomita Das		AXTPG7044A	7525 2586 8072
Father's Full Name	Shashank Shekhar Guha		Date of Birth (DD/MM/YYYY)
Husband Name	Swagata Das		30-01-1989
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
Female	7980711612	INDIAN	Married
Personal Email ID		Official Email ID	
debomita.das89@gmail.com		debomita.da@healthiummedtech.com	
Permanent Address		Period of stay	
Jupiter 3B, Purti Planet 64, Dr.N.G.Saha Road Kolkata		From (Month/Year)	To (Month/Year)
		01.11.19	till date
		Residence Mobile Number	Alternate Mobile number
Pincode	700061	7003689605	9748768542
State	West Bengal		
Prominent Landmark	Nr.Raidighi Sitala Mandir		
Nearest Police Station	Parnasree		

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		
N/A		dd/mm/yy	dd/mm/yy	Name of the Course	
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	ID /Roll No
		From	To		
Dr.C.V.Raman University	B.A	07.07.2015	21.06.2018	Bachelor of Arts	B1071705736
		dd/mm/yy	dd/mm/yy	Name of the Course	
Name of the College		Course Name / Specialization			
Dr.C.V.Raman University		Bachelor of 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	ID /Roll No
		From	To		
12TH STANDARD		dd/mm/yy	dd/mm/yy	Name of the Course	
Central Model School Riverside BKP	CBSE & Westbengal	06.07.2004	15.03.2006	CBSE-XII	5843326

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	ID /Roll No
		From	To		
10TH STANDARD		dd/mm/yy	dd/mm/yy	Name of the Course	
St.Xavier's, Shaibganj	CISCE, Jharkhand	15.06.1992	20.03.2004	ICSE-X	T/1559/014

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 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	
Teleflex Medical Pvt Ltd		Bangalore	
Telephone No	Employee Code/No	Designation	UAN Number
	39741	TSM	101272327879
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	Debatrim Das	9635294121
05.05.25	14.11.25		Reporting Manager's Email ID
			debatrim.das@teleflex.com
Duties & Responsibilities		Reasons for leaving	
Looking after every sales and promotion for the territory of Kolkata & Bihar		Better opportunity	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Pooja Rao - 9535507583		pooja.rao@teleflex.com	
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details	
49760	<input checked="" type="checkbox"/> Permanent		
Last Salary drawn	<input type="checkbox"/> Temporary		
57203	<input type="checkbox"/> Contractual		
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"/> Offer letter <input checked="" type="checkbox"/> Any Other (please specify) Resignation Acceptance			
Employment History - Please attach a copy of your relieving letter/service certificate			
Name of the Employer -2 (Ex-Employment)		Address of Employer	
Healthium Medtech Ltd		Bangalore	
Telephone No	Employee Code/No	Designation	UAN Number
	701128	TM	101272327879
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	Goutam Dutta	7278776836
06.10.2022	03.05.2025		Reporting Manager's Email ID
			goutam.d@healthiummedtech.com
Duties & Responsibilities		Reasons for leaving	
Looking after every sales and promotion for the hospital sales of trade territory of south Kolkata		Better Opportunity	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Sunbala Taskeen-9036442959		taskeen.s@healthiummedtech.com	
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details	
N/A	<input checked="" type="checkbox"/> Permanent		
Last Salary drawn	<input type="checkbox"/> Temporary		
40735	<input type="checkbox"/> Contractual		
Please tick mark the documents submitted for this employment <input type="checkbox"/> Service Certificate <input checked="" type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> Any Other (please specify)			
Documents Required (Mandatory)			
<u>Education:</u> • Photocopy of degree certificate and final mark sheet of all examinations <u>Employment</u> • Photocopy of relieving / experience letter for each employer mentioned in the form <u>Identity & Address Proof</u> • 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.			
DEBOMITA DAS	Debonita Das	25.11.25	
Full Name of the Candidate	Signature	Date of Form Filled	