

# 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.

<b>Position applied for</b>		<b>Job Location</b>			
SENIOR EXECUTIVE		SRICITY			
<b>Personal Information</b>					
<b>Full Name of the Applicant</b>		<b>Pancard Number</b>	<b>Aadhaar Number</b>		
SURYANARAYANA M		GMOP51016N	9508 9538 2859		
<b>Father's Full Name</b>	<b>Date of Birth (DD/MM/YYYY)</b>				
VENKATESULU M	17/06/1989				
<b>Husband Name</b>					
<b>Gender (MALE/FEMALE)</b>	<b>MOBILE NUMBER</b>	<b>Nationality</b>	<b>Marital Status</b>		
MALE	9676153598	INDIAN	UNMARRIED		
<b>Personal Email ID</b>		<b>Official Email ID</b>			
msm.surya.22@gmail.com		suryanarayana.mu@healthiumwestch.com			
<b>Permanent Address</b>		<b>Period of stay</b>			
CHENNERI VILLAGE, DASUJAPPA POST, SATYANEDU (MANDAL), TIRUPATI DISTRICT - 517588		<b>From (Month/Year)</b>	<b>To (Month/Year)</b>		
		1989	CURRENTLY STAYING		
		<b>Residence Mobile Number</b>	<b>Alternate Mobile number</b>		
Pincode		9676153598			
State		8870700239			
Prominent Landmark					
Nearest Police Station					
EDUCATION QUALIFICATION - Please attach copy of Degree and Final year mark sheet					
<b>Name of the University</b>	<b>POST GRADUATION</b>	<b>Dates Attended</b>		<b>Qualification Gained</b>	<b>ID /Roll No</b>
		<b>From</b>	<b>To</b>		
		dd/mm/yy	dd/mm/yy	<b>Name of the Course</b>	
SRI VENKATESWARA UNIVERSITY - TIRUPATI	5 YEAR INTEGRATED M.B.C. CHEMISTRY	13/09/2007	23/04/2012	5 YEAR INTEGRATED M.B.C. CHEMISTRY	2060801518
<b>Name of the College</b>		<b>Course Name / Specialization</b>			
Please tick mark the documents submitted for this qualification along with this form					
<input checked="" type="checkbox"/> Marksheet <input checked="" type="checkbox"/> Provisional Certificate <input type="checkbox"/> Degree Certificate <input type="checkbox"/> None					
<b>Name of the University</b>	<b>GRADUATION</b>	<b>Dates Attended</b>		<b>Qualification Gained</b>	<b>ID /Roll No</b>
		<b>From</b>	<b>To</b>		
		dd/mm/yy	dd/mm/yy	<b>Name of the Course</b>	





Name of the College	Course Name / Specialization
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	

Name of the College	University / Board Name & Location	Dates Attended		Qualification Gained	ID /Roll No
		From dd/mm/yy	To dd/mm/yy	Name of the Course	
12TH STANDARD					
GOVT JUNIOR COLLEGE SATHYANEDU	BOARD OF INTERMEDIATE EDUCATION, ANDHRA PRADESH	2004	2006	B.Z.C.	060967553

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 dd/mm/yy	To dd/mm/yy	Name of the Course	
10TH STANDARD					
GOVT. HIGH SCHOOL SATHYANEDU	BOARD OF SECONDARY EDUCATION - ANDHRA PRADESH	2003	2004	SSC	0445278

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		
PYRRA SUTURES PVT. LTD.			GUONIPALAYAM VILLAGE, VAIKUNTHA TALUK, TAMILNADU		
Telephone No	Employee Code/No	Designation	UAN Number		
	950040	PRODUCTION MANAGER	106623380371		
Employment Period		Reporting Manager's Name  SAEsha	Reporting Manager's Contact No		
From	To		9382074747		
01-09-2023	31-10-2025		Reporting Manager's Email ID saesha@pyrrasutres.com		
Duties & Responsibilities			Reasons for leaving		
PRODUCTION PLANNING, SUPERVISING OPERATIONS, MATERIAL MANAGEMENT			CAREER GROWTH		
HR-Human Resource Contact Person Name & Contact Number			HR - Human Resource Contact Person Email ID		
First Salary drawn	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Agency Details (if temporary or contractual), provide details			
Last Salary drawn					



Last Salary drawn	<input type="checkbox"/> Contractual	
	<input type="checkbox"/> Temporary	
	<input type="checkbox"/> Contractual	

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	
FREEDOM OPTHALMIC PVT. LTD.		BIPCOT, HOSUR	
Telephone No	Employee Code/No	Designation	UAN Number
	200157	PRODUCTION ASST. MANAGER	100623380371
Employment Period		Reporting Manager's Contact No	
From	To	Reporting Manager's Name	
17/01/2022	18/03/2023		
		Reporting Manager's Email ID	

Duties & Responsibilities	Reasons for leaving
PRODUCTION PLANNING, MATERIAL & RESOURCE MANAGEMENT	CAREER GROWTH
HR-Human Resource Contact Person Name & Contact Number	HR - Human Resource Contact Person Email ID

First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details
	<input type="checkbox"/> Permanent	
	<input type="checkbox"/> Temporary	
Last Salary drawn	<input type="checkbox"/> Contractual	

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 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.

SURYANARAYANA M		12/12/2025
Full Name of the Candidate	Signature	Date of Form Filled