

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	
LEAD, CLINICAL AFFAIRS		NOIDA	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
SUNEET JINDAL		ANEPJ1340F	6994-2792-3569
Father's Full Name	SURINDER KUMAR JINDAL		
	Date of Birth (DD/MM/YYYY) 7/26/1987		
Husband Name			
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
MALE	7814405642	INDIAN	MARRIED
Personal Email ID	suneet.jindal@gmail.com		
	Official Email ID suneet.jindal@baxter.com		
Permanent Address		Period of stay	
House# 270, Second Floor, Masjid Moth Road, Near Uday Park Mother Dairy, South Extension II, New Delhi 110049		From (Month/Year)	To (Month/Year)
		May-22	Present
		Residence Mobile Number	
Pincode	110049	7814405642	
State	Delhi		
Prominent Landmark	Uday Park Mother Dairy		
Nearest Police Station	Hauz Khas 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		
Baba Farid University of Health Sciences	MD (Clinical Pharmacology)	9/2/2013	9/1/2016	MD Clinical Pharmacology	University Roll# 6163062
Name of the College		Course Name / Specialization			
Government Medical College, Amritsar		MD Clinical Pharmacology			
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	

Name of the University	GRADUATION	From	To	Gained	ID /Roll No
		dd/mm/yy	dd/mm/yy	Name of the Course	
University of Kerala	MBBS	8/16/2005	19-10-2011 (Including Internship)	MBBS	University Register# 4786
Name of the College		Course Name / Specialization			
Government TD Medical College, Alleppey (Kerala)		MBBS			
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					
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	
SSD Senior Secondary School, Bathinda, Punjab	Punjab School Education Board, SSS Nagar, Mohali	Apr-04	Mar-05	Senior Secondary (12th)	Roll# 010177
Please tick mark the documents submitted for this qualification along with this form					
<input type="checkbox"/> Marksheets					
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	
Summer Field High School, Mansa, Punjab	Punjab School Education Board, SSS Nagar, Mohali	Apr-02	Mar-03	Matriculation (10th)	Roll# 527414
Please tick mark the documents submitted for this qualification along with this form					
<input type="checkbox"/> Marksheets					
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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	
Baxter India Private Limited		9A, 5th Floor, DLF Phase III, DLF Cyber City, Gurugram, Haryana 122002	
Telephone No	Employee Code/No	Designation	UAN Number
0124-4500200	756322	Senior Manager, Marketing (ITT)	101198285370
Employment Period		Reporting Manager's Name Snehada Vinod Ahire	Reporting Manager's Contact No
From	To		9971905588
Jan-20	Jan-26		Reporting Manager's Email ID snehada_ahire@baxter.com
Duties & Responsibilities		Reasons for leaving	
ITT team marketing responsibilities		Career Upgradation	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Vipul Jain (9921199730)		vipul_jain@baxter.com	
First Salary drawn 2,560,000	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details	
Last Salary drawn 4,591,000			
Last Salary drawn	<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	
Thermo Fisher Scientific		Splendor Forum, Jasola District Centre, New Delhi 110025	
Telephone No	Employee Code/No	Designation	UAN Number
		Clinical Marketing Manager	101198285370
Employment Period		Reporting Manager's Name Dr. Ashish Sahdev	Reporting Manager's Contact No
From	To		8447755306
Oct-17	5-Jan-20		Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
Clinical Marketing Manager			
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Kiran Advani (9887704337)			
First Salary drawn ~13,00,000	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details	
Last Salary drawn ~18,00,000			

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 .

Suneet Jindal		13th Dec 2025
Full Name of the Candidate	Signature	Date of Form Filled

**Compatibility Report for HML BackGround
Verification Standard Form.xls
Run on 13-12-2025 14:57**

If the workbook is saved in an earlier file format or opened in an earlier version of Microsoft Excel, the listed features will not be available.

Minor loss of fidelity	# of occurrenc es	Version
Some cells or styles in this workbook contain formatting that is not supported by the selected file format. These formats will be converted to the closest format available.	49	Excel 97-2003