

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 Managers - Key Accounts			Mumbai		
Personal Information					
Full Name of the Applicant		Pancard Number	Aadhaar Number		
Vaibhav Ravindra Telure		AILPT8740P	7668 5260 8472		
Father's Full Name	Ravindra Nanuti Telure		Date of Birth (DD/MM/YYYY)		
Husband Name	—		10/07/1985		
Gender (MALE/FEMALE)	MOBILE NUMBER		Nationality	Marital Status	
Male	9699681199		Indian	Divorcee	
Personal Email ID		Official Email ID			
Vaibhav.telure@gmail.com					
Permanent Address			Period of stay		
R.No:-2, Paranjpe Chowk, Sanewadi Kulgaon Badlapur (West). Tal:- Ambarnath Dist:- Thane			From (Month/Year)		To (Month/Year)
			07/1985		Till Date
			Residence Mobile Number		Alternate Mobile number
Pincode	421503				
State	Maharashtra				
Prominent Landmark	Behind SVC Bank				
Nearest Police Station	Badlapur West.				

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	
—	—	—	—	—	—
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 University	GRADUATION	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
		dd/mm/yy	dd/mm/yy	Name of the Course	
Mumbai	Physics	2006	2007	B.Sc	10791.

Name of the College		Course Name / Specialization			
Smt CHM College (ulhasnagar)		B.Sc (physics)			
Please tick mark the documents submitted for this qualification along with this form					
<input checked="" 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	To		
12TH STANDARD		dd/mm/yy	dd/mm/yy	Name of the Course	
S.M. Puwar Jr College (Badlapur)	Maharashtra Board.	2002	2003	H.S.C science	L009499
Please tick mark the documents submitted for this qualification along with this form					
<input checked="" type="checkbox"/> 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	
Fatima High School (Amharnath)	Maharashtra Board	2000	2001	S.S.C	E 215520
Please tick mark the documents submitted for this qualification along with this form					
<input checked="" type="checkbox"/> 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	
Saru Healthcare (Distributor)			706, Bonanza, Sakar Plaza, Andheri East - 400059	
Telephone No	Employee Code/No	Designation	UAN Number	
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No	
From	To		9820290451	
		Sushil Singh (Owner)	Reporting Manager's Email ID	
07/07/2025 20/12/2025			Saru.healthcare@gmail.com	
Duties & Responsibilities			Reasons for leaving	
Meeting Dr for conversion and maintenance of sales.			Wanted to shift from distributor <sup>venture</sup>	
HR-Human Resource Contact Person Name & Contact Number			HR - Human Resource Contact Person Email ID	
Nagruj - 8286261480			Saru.healthcare@gmail.com	
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details		
70,800/-	<input type="checkbox"/> Permanent			
Last Salary drawn	<input checked="" type="checkbox"/> Temporary			
70,800/-	<input type="checkbox"/> Contractual	On probation.		
Last Salary drawn	<input checked="" type="checkbox"/> Temporary			
70,800/-	<input type="checkbox"/> Contractual			
Please tick mark the documents submitted for this employment				
<input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input checked="" type="checkbox"/> Offer letter <input type="checkbox"/> Any Other (please specify)				
<input type="checkbox"/> None				
Employment History - Please attach a copy of your relieving letter/service certificate				
Name of the Employer -2 (Ex-Employment)			Address of Employer	
Mankind Pharma Ltd			208 Okhla Industrial Estate, Phase-III New Delhi-110020	
Telephone No	Employee Code/No	Designation	UAN Number	
011-46846700	10034175	Sr. Territory Manager	100841531039	
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No	
From	To		8652435566	
		Pravin Patole	Reporting Manager's Email ID	
01/03/2022 30/10/2023			Pravin.Patole@Mankindpharma.com	
Duties & Responsibilities			Reasons for leaving	
Meeting Dr for product conversion and maintenance of sales			Started own business	
HR-Human Resource Contact Person Name & Contact Number			HR - Human Resource Contact Person Email ID	
Lalit Kumar - 9650527900 (Sales Co-ordinator)			lalit.kumar@Mankindpharma.com	
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details		
44806/-	<input checked="" type="checkbox"/> Permanent			
Last Salary drawn	<input type="checkbox"/> Temporary			
56,106/-	<input type="checkbox"/> Contractual			
Please tick mark the documents submitted for this employment				
<input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input checked="" type="checkbox"/> Offer letter <input type="checkbox"/> Any Other (please specify)				
<input type="checkbox"/> None				
Documents Required (Mandatory)				
Education:				
<ul style="list-style-type: none"> <li>Photocopy of degree certificate and final mark sheet of all examinations</li> </ul>				



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 .

Vaibhav Telure		24/12/2025
Full Name of the Candidate	Signature	Date of Form Filled