

### 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>	
FIELD OFFICER		SALEM	
<b>Personal Information</b>			
<b>Full Name of the Applicant</b>		<b>Pancard Number</b>	<b>Aadhaar Number</b>
HARIZ. R		BACPH7685F	2022 8538 6799
<b>Father's Full Name</b>	<b>M-S. RABEEK RAJA</b>	<b>Date of Birth (DD/MM?YYYY)</b>	
<b>Husband Name</b>		30/04/2000	
<b>Gender (MALE/FEMALE)</b>	<b>MOBILE NUMBER</b>	<b>Nationality</b>	<b>Marital Status</b>
MALE	+91 8508004188	INDIA	SINGLE
<b>Personal Email ID</b>		<b>Official Email ID</b>	
hharizr@gmail.com			
<b>Permanent Address</b>		<b>Period of stay</b>	
83, 5 <sup>th</sup> CROSS ANNASALAI, CHINNA THIRUPATHI, SALEM - 636 008.		<b>From (Month/Year)</b>	<b>To (Month/Year)</b>
		OCT - 2020	STILL DATE
		<b>Residence Mobile Number</b>	<b>Alternate Mobile number</b>
Pincode	636 008	9965655544	9245561264
State	TAMILNADU.		
Prominent Landmark			
Nearest Police Station	HASTAM PATTI		

**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	Name of the Course	
<b>Name of the College</b>		<b>Course Name / Specialization</b>			

Please tick mark the documents submitted for this qualification along with this form

Marksheets

Provisional Certificate

Degree Certificate

None

Name of the University	GRADUATION	Dates Attended		Qualification Gained	ID /Roll No
		From	To		
PERIYAR UNIVERSITY	UG	06/07/2017	16/03/2020	B.Com	24027560

Name of the College

Course Name / Specialization

JAI RAM ARTS & SCIENCE COLLEGE

COMMERCE

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	STATE BOARD OF TAMILNADU	16/06/2016	27/03/2017	COMMERCE	347996.

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	STATE BOARD OF TAMILNADU	06/06/2014	25/03/2015	10 <sup>th</sup>	3156262

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	
ARISTO PHARMACEUTICALS PVT. LTD		GALA NO:2, GROUND FLOOR, 53A SHAH JE, OFF VEERA DESAI ROAD, ANDHERI (W), MUMBAI - 400053	
Telephone No	Employee Code/No	Designation	UAN Number
044-42004000	AP10052322	MEDICAL REPRESENTATIVE	101821661384
Employment Period		Reporting Manager's Name MR. MANU SANKAR	Reporting Manager's Contact No
From	To		8610407925
14/11/2023	15/12/2025		Reporting Manager's Email ID Vinuhol1010@gmail.com
Duties & Responsibilities SALES & PROMOTING		Reasons for leaving 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 <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details	
Last Salary drawn			
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	
FOURRTS (INDIA) PVT. LTD.		ANNAI INDIRA NAAKAR, OLCIYAM THORAI PAKKAM, CHENNAI - 600 097	
Telephone No	Employee Code/No	Designation	UAN Number
43441880	-	PSR	101821661384
Employment Period		Reporting Manager's Name MR. ABDUL RAHIM	Reporting Manager's Contact No
From	To		968198961
02/05/2022	09/11/2023		Reporting Manager's Email ID
Duties & Responsibilities SALES & PROMOTING		Reasons for leaving	
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 <input type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details	
Last Salary drawn			
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 type="checkbox"/> Any Other (please specify) <input type="checkbox"/> 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 .

HARIZ.R	R-Hari	25/12/2025
Full Name of the Candidate	Signature	Date of Form Filled