

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

☐ Marksheet ☐ Provisional Certificate ☐ Degree Certificate ☐ None

Name of the University	GRADUATION	Dates Attended		Qualification	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
PERIYAR UNIVERSITY	UG	6/6/2017	16/03/2020	B.COM	240027560
Name of the College		Course Name / Specialization			
JAIRAM ARTS & SCIENCE COLLEGE		COMMERCE			

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	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
12TH STANDARD					
ST. PAUL'S HR. SEC. SCHOOL	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

☒ Marksheet

Name of the College	School / Board Name & Location	Dates Attended		Qualification	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
10TH STANDARD					
ST. PAUL'S HR. SEC. SCHOOL	STATE BOARD OF TAMILNADU	6/06/2014	25/03/2015	10 <sup>th</sup>	3156262

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	
ARISTO PHARMACITICALS PVT. LTD		GALA NO.2, GROUND FLOOR, 53A SHAH J.E., 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	Reporting Manager's Contact No
From	To	MR. MANUSANKAR	86104 07925
14/11/2023	15/12/2025		Reporting Manager's Email ID
		vinuho1010@gmail.com	
Duties & Responsibilities		Reasons for leaving	
SALES & PROMOTING		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	Agency Details (if temporary or contractual), provide details	
Last Salary drawn	<input type="checkbox"/> Temporary <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 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	
FOURTS (INDIA) PVT. LTD.		ANNAI INDIRA NAGAR, DIKKIYAM THORAIPAKKAM, CHENNAI - 600 097	
Telephone No	Employee Code/No	Designation	UAN Number
43441880	-	PSR	101821661384
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	MR. ABDUL RAHIM	9681 98961
02/05/2022	09/11/2023		Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
SALES & PROMOTING			
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	Agency Details (if temporary or contractual), provide details	
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 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. Huiy	25/12/2025
Full Name of the Candidate	Signature	Date of Form Filled