

EMPLOYEE BACKGROUND VERIFICATION FORM					
COMPANY NAME : HEALTHIUM MEDTECH (SIRONIX)					
<p>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.</p> <p>The details on this form will be used for all official requirements should you join the organization.</p>					
Position applied for			Job Location		
Deputy Regional Manager (DRM)			MUMBAI		
Personal Information					
Full Name of the Applicant			Pancard Number	Aadhaar Number	
ADITYA NITIN INDURKAR			ADJP164209	8728 2326 1688	
Father's Full Name	NITIN. P. INDURKAR		Date of Birth (DD/MM/YYYY)		
Husband Name			24/09/1994		
Gender (MALE/FEMALE)	MOBILE NUMBER		Nationality	Marital Status	
MALE	9004942467		INDIAN		
Personal Email ID			Official Email ID		
adityaindurkar10@gmail.com					
Current Address			Period of stay		
201, SAI DARSHAN CHS, Near HDFC Bank, Chikuwadi, Borivali (W), Mumbai			From (Month/Year)		To (Month/Year)
			Residence Mobile Number		Alternate Mobile number
			9004942467		9821218907
Pincode	400092				
State	MH				
Prominent Landmark	HDFC, Chikuwadi.				
Nearest Police Station	Borivali Police Station				
Permanent Address			Period of stay		
Same As Current.			From (Month/Year)		To (Month/Year)
			Residence Mobile Number		Alternate Mobile number
Pincode					
State					
Prominent Landmark					



Nearest Police Station	
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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 Gained	ID /Roll No
		From	To		
		dd/mm/yy	dd/mm/yy	Name of the Course	
MUMBAI UNIVERSITY	✓	09/12	05/17	B.E	
Name of the College			Course Name / Specialization		
TRADOMAL SHAHANI ENGR COLLEGE			BIOMEDICAL ENGR		

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 Gained	ID /Roll No
		From	To		
		dd/mm/yy	dd/mm/yy	Name of the Course	
12TH STANDARD					
NSBBMS & J.C	Maharashtra State Board - Pune		2012	SCIENCE	PO12454

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	To		
		dd/mm/yy	dd/mm/yy	Name of the Course	
10TH STANDARD					
NSBBMS.	Maharashtra State Board - Pune		2010		CO13648

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

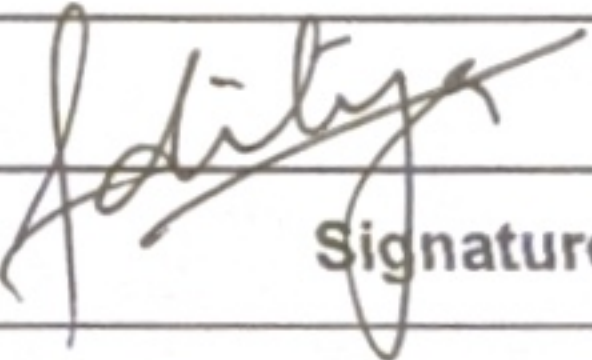


Employment History			
<b>Note: Please ensure that you are descriptive wherever necessary – e.g. If company has closed, do mention it. Employee Code/ ID/ Number is mandatory. If your previous employer did not provide one, please mention and state reasons for the same.</b>			
Name of the Employer -1 (Latest Employment)		Address of Employer	
CHETAN MEDITECH		SANAND, AHMEDABAD, GUJARAT	
Telephone No	Employee Code/No	Designation	UAN Number
	04702025	PORTFOLIO MANAGER	101288268774
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		7862845549
15/07/2025	02/01/2026		Reporting Manager's Email ID
		RAKESH MATTOO	
Duties & Responsibilities		Reasons for leaving	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
VIKASH KUMAR - 6354906365			
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details	
Last Salary drawn	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		
Last Salary drawn	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		
<b>Please tick mark the documents submitted for this employment</b> <input type="checkbox"/> Service Certificate <input checked="" 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	
AYANA MEDICAL DEVICES		CHENNAI	
Telephone No	Employee Code/No	Designation	UAN Number
	AMD-015	SM-Endoscopy	101288268774
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		9820450102
02/09/2022	13/06/2025		Reporting Manager's Email ID
		ROHIT KAKKOT	
Duties & Responsibilities		Reasons for leaving	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
SATHYAMOORTHY - 9080001080			
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details	
Last Salary drawn	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		
<b>Please tick mark the documents submitted for this employment</b> <input type="checkbox"/> Service Certificate <input checked="" 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 -3 (Previous Employment)		Address of Employer		
SMITH & NEPHEW HEALTHCARE		MUMBAI		
Telephone No	Employee Code/No	Designation	UAN Number	
	30784672	TSM		
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No	
From	To		9819799641	
01/06/2021	01/09/2022		Reporting Manager's Email ID	
RAJANISH RAI				
Duties & Responsibilities		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 checked="" 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 <input type="checkbox"/> None              (please specify) F&F letter.				
Employment History - Please attach a copy of your relieving letter/service certificate				
Name of the Employer -4 (Previous Employment)		Address of Employer		
AVANA MEDICAL DEVICES		CHENNAI		
Telephone No	Employee Code/No	Designation	UAN Number	
	AMD/0069/2017	KAM		
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No	
From	To		9819894727	
21/10/2017	24/05/2021		Reporting Manager's Email ID	
MUKUL OBEROI				
Duties & Responsibilities		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 checked="" 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
<input checked="" type="checkbox"/> None	(please specify)		
Professional Reference Contact Details (Team Lead/Manager/Business Head/Director) (Mandatory if applicable)			
Name of the Person	Designation	Contact Number	Email ID
1 RAKESH MATTOO	Sr. Director	7862845549	
2 ROHIT KAKKOT	RSM	9820450102	
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 <ul style="list-style-type: none"><li>● Photocopy of relieving / experience letter for each employer metioned in the form</li></ul>			
Identity & Address Proof <ul style="list-style-type: none"><li>● Pan Card / Passport Copy/ Driving License / Aadhaar Copy / Bank Passbook / Voter ID</li></ul>			
Declaration and Authorization			
<p>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.</p> <p>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 .</p>			
ADITYA NITIN INDURKAR		26/12/2025	
Full Name of the Candidate	Signature	Date of Form Filled	