

### EMPLOYEE BACKGROUND VERIFICATION FORM

COMPANY NAME : **HEALTHIUM MEDTECH (SIRONIX)**

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	
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	Date of Birth (DD/MM/YYYY)		
NITIN P. INDURKAR	24/09/1994		
Husband Name			
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
MALE	9004942467	INDIAN	
Personal Email ID		Official Email ID	
adityaindurekar0@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
Pincode	400 092	9004942467	9821218907
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

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 College		Course Name / Specialization			

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		
		dd/mm/yy	dd/mm/yy		
MUMBAI UNIVERSITY	✓	09/12	05/17	B.E	
Name of the College		Course Name / Specialization			
THADOMAL SHAHANI ENGG COLLEGE		BIOMEDICAL ENGG			

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		
		dd/mm/yy	dd/mm/yy		
NSBBM'S & J.C	Maharashtra State Board - Pune		2012	SCIENCE	P012454

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		
		dd/mm/yy	dd/mm/yy		
10TH STANDARD					
NSBBM'S	Maharashtra State Board - Pune		2010		C013648

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	
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	RAKESH MATTOO	Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
VIKASH KUSHTI - 6354906365			
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	<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

- 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	
AVANA 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	13/06/2028	ROHIT KAKKOT	Reporting Manager's Email ID
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 <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	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 checked="" type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> Any Other (please specify) <input type="checkbox"/> None	



Service Certificate  
 None

Relieving letter  Offer letter

Any Other  
(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	1820450102	

**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

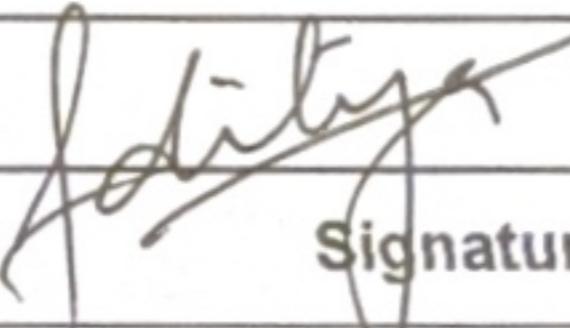
Identity & Address Proof

- 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.

ADITYA NITIN INDURKAR		26/12/2025
Full Name of the Candidate	Signature	Date of Form Filled