

### 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				
PRODUCT SPECIALIST		MUMBAI				
Personal Information						
Full Name of the Applicant		Pancard Number	Aadhaar Number			
RUPESH BISHWAMBHAR MISHRA		BDEPM 3117J	9377 3886 6534			
Father's Full Name	BISHWAMBHAR MAHANTH MISHRA	Date of Birth (DD/MM/YYYY)				
Husband Name		20/02/1990				
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status			
MALE	9320021990	INDIAN	MARRIED			
Personal Email ID		Official Email ID				
RUPESH20290@gmail.com						
Permanent Address		Period of stay				
ROOM #8, ABDUL SATTAR CHAWL, KAJUPADA, GOAN DEVI ROAD, POISER, KANDIVALI EAST, MUMBAI.		From (Month/Year)	To (Month/Year)			
		Feb 1990	DEC 2021			
		Residence Mobile Number				
Pincode      400101 State      MAHARASHTRA Prominent Landmark      SCHOLAR CLASSES Nearest Police Station      SAMATA NAGAR STN.		Alternate Mobile number				
		9320021990		8291 777561		
				9320021990		7977263226

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

	Dates Attended	Qualification	
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Name of the University	GRADUATION	From	To	Gained	ID /Roll No
		dd/mm/yy	dd/mm/yy	Name of the Course	
UNIVERSITY OF MUMBAI	BACHELOR OF SCIENCE	25/06/08	24/05/11	408 /800 SECOND CLASS	3573
Name of the College		Course Name / Specialization			
LORDS COLLEGE , MALAD EAST.		CHEMISTRY			
Please tick mark the documents submitted for this qualification along with this form					
<input checked="" type="checkbox"/> Marksheet <input checked="" 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	
NIRMALA COLLEGE, KANDIVALI EAST	MAHARASHTRA STATE BOARD, MUMBAI.	21/06/07	07/06/08	11SC (SCIENCE) 298 /600	MS05455
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	
J.B. KHOT HIGH SCHOOL, BORIVALI (W)	MAHARASHTRA STATE BOARD, MUMBAI	13/06/04	24/06/05	423 /750 ALL SUBJECT	A296583
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	
MEDWORKS INDIA LTD.		801, SKYLINE OASIS, NEAR DMART, VIDYAVIHAR WEST, MUMBAI 400086	
Telephone No	Employee Code/No	Designation	UAN Number
9004439211		PRODUCT MANAGER	1006 2538 2619
Employment Period		Reporting Manager's Name  NANDINI KAPOOR	Reporting Manager's Contact No
From	To		98208 36862
11/08/2025	18/12/2025		Reporting Manager's Email ID  nandini.kapoor@medworks.in
Duties & Responsibilities		Reasons for leaving	
SALES & TARGET ACHIEVEMENT		BETTER OPPORTUNITY	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
First Salary drawn 82,500		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 82,500			
Last Salary drawn			
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 checked="" type="checkbox"/> Any Other PAY SLIP (please specify)			

### Employment History - Please attach a copy of your relieving letter/service certificate

Name of the Employer -2 (Ex-Employment)		Address of Employer	
PANTHER HEALTHCARE		MIDC, ANDHERI EAST	
Telephone No	Employee Code/No	Designation	UAN Number
9561076220	1028	Z.S.M.	1006 2538 2619
Employment Period		Reporting Manager's Name  PRANALI ROKADE	Reporting Manager's Contact No
From	To		8169500767
08/2024	08/2025		Reporting Manager's Email ID  pranali.r@pantherhealthcare.in
Duties & Responsibilities		Reasons for leaving	
SALES & TARGET ACHIEVEMENT		GOOD OPPORTUNITY	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
VINAYA GAIKHWAD - 9561076220		VINAYA.G@pantherhealthcare.in	
First Salary drawn 75,000		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 75,000			
Please tick mark the documents submitted for this employment  <input type="checkbox"/> Service Certificate <input checked="" type="checkbox"/> Relieving letter <input checked="" type="checkbox"/> Offer letter <input checked="" type="checkbox"/> Any Other PAYSLIP (please specify)			

**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

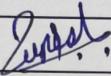
Identity & Address Proof

- 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.

RUPESH BISHWAMBHAR MISHRA		29/02/2026 05/01/2026
Full Name of the Candidate	Signature	Date of Form Filled