

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		BDEPM3117J	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, GOANDEVI ROAD, POISER, KANDIVALI EAST, MUMBAI.		From (Month/Year)	To (Month/Year)
		Feb 1990	DEC 2021
		Residence Mobile Number	Alternate Mobile number
Pincode	400101	9320021990	8291777561 7977263226
State	MAHARASHTRA		
Prominent Landmark	SCHOLAR CLASSES		
Nearest Police Station	SAMATA NAGAR STN.		

Education Qualification - Please attach copy of Degree and Final year mark sheet

Name of the University	POST GRADUATION	Dates Attended		Qualification	ID /Roll No
		From	To	Gained	
		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					
<input type="checkbox"/> Marksheet <input type="checkbox"/> Provisional Certificate <input type="checkbox"/> Degree Certificate <input type="checkbox"/> None					
		Dates Attended	Qualification		

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

☒ Marksheet
 ☒ Provisional Certificate
 ☐ Degree Certificate
 ☐ None

Name of the College	University / Board Name & Location	Dates Attended		Qualification Gained	ID /Roll No
		From	To	Name of the Course	
12TH STANDARD		dd/mm/yy	dd/mm/yy		
NIRMALA COLLEGE, KANDIVALI EAST	MAHARASHTRA STATE BOARD, MUMBAI.	21/06/07	07/06/08	HSC (SCIENCE) 298/600	M505455

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	Name of the Course	
10TH STANDARD		dd/mm/yy	dd/mm/yy		
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

☒ 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	Reporting Manager's Contact No	
From	To		98208 36862	
11/08/2025	18/12/2025	NANDINI KAPOOR	Reporting Manager's Email ID	
			nandini.kapoor2@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	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				
Last Salary drawn				
82,500				
82,500				
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 <input type="checkbox"/> None (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	Reporting Manager's Contact No	
From	To		8169500767	
08/2024	08/2025	PRANALI FOKADE	Reporting Manager's Email ID	
			pranali.2@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 GAIKAWAD - 9561076220		vinaya.g@pantherhealthcare.in		
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				
Last Salary drawn				
75,000				
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 <input type="checkbox"/> None (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

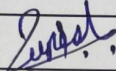
- Pan Card / Passport Copy/ Driving License / Aadhaar Copy / Bank Passbook / Voter ID

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



~~29/02/2025~~ 05/01/2026

Full Name of the Candidate

Signature

Date of Form Filled