

**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 MANAGER	CHENNAI

Personal Information			
Full Name of the Applicant V VASUDEVAN		Pancard Number	Aadhaar Number
		BWBPV3859A	347207659445
Father's Full Name	S VEERAPPAN	Date of Birth (DD/MM/YYYY) 9/16/2000	
Husband Name			
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
MALE	9E+09 9003089927	INDIAN	SINGLE
Personal Email ID	vasu7628@gmail.com	Official Email ID	

Permanent Address		Period of stay	
NO 15 MULLAI STREET BALAJI NAGAR KORATTUR CHE		From (Month/Year)	To (Month/Year)
		12/15/2025	TILL DATE
		Residence Mobile Number	Alternate Mobile number
Pincode	600076	6.38E+09	9003089927
State	TAMILNADU		
Prominent Landmark	BEHIND VINAYAGAR TEMPLE		
Nearest Police Station	T 3 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 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	

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	UNDER GRADUAT	6/12/2019	5/21/2022	B COM GENERA	311904812
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Name of the College	Course Name / Specialization
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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		
SAC RED HEA RT MAT RIC ULA TION HIG HER SEC OND ARY SCH OOL	MATRICULATION	2017	2019	COMMERCE WITH CS	

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		

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MATRICULATION

2016

2017 SSLC

**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	
DYNAMIC TECHNO MEDICALS PVT LTD		DYNAMIC TECHNO MEDICALS PVT LTD KODIKUTHIMALA ALUVA	
Telephone No	Employee Code/No	Designation	UAN Number
	6409	PRODUCT SPECIALIST	101568669302
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		8714626967
09-09-2022	31-01-2026	DINESH KUMAR	Reporting Manager's Email ID
			dinesh.kumar@dynamictechnomedicals.com
Duties & Responsibilities		Reasons for leaving	
		CAREER GROWTH	
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	
18184			
Last Salary drawn			
29550			
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 checked="" type="checkbox"/> Offer letter <input type="checkbox"/> Any Other (please specify)			
<input type="checkbox"/> None			
<b>Employment History - Please attach a copy of your relieving letter/service certificate</b>			
Name of the Employer -2 (Ex-Employment)		Address of Employer	
Telephone No	Employee Code/No	Designation	UAN Number
Employment Period		Reporting Manager's Contact No	