

## 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
Officers - Quality	Sricity

Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
B. SAI VIGNESHU		CKFPB4669F	544318590500
Father's Full Name	M. BALAJI	Date of Birth (DD/MM?YYYY)	
Husband Name	NA	20/07/2000	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
MALE	7702271469	INDIAN	SINGLE
Personal Email ID		Official Email ID	
Saivignesh77022@gmail.com		NA	

Permanent Address		Period of stay	
5/20, M.G. Street, Srikalahasti, A.P.		From (Month/Year)	To (Month/Year)
		PERMANENT	PERMANENT
		Residence Mobile Number	Alternate Mobile number
Pincode	517644	NA	NA
State	ANDRA PRADESH		
Prominent Landmark	OPP. TOWN BANK		
Nearest Police Station	T TOWN 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	Name of the Course	
		dd/mm/yy	dd/mm/yy		
NA	NA	NA	NA	NA	NA
Name of the College			Course Name / Specialization		
NA			NA		

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

Marksheet     
  Provisional Certificate     
  Degree Certificate     
  None - NA

Name of the University	GRADUATION	Dates Attended		Qualification	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
JNTUA	B. PHARMACY	2018	2022	B. PHARMACY	18AFIRO013

Name of the College	Course Name / Specialization
KRISHNA TEJA PHARMACY COLLEGE	B. PHARMACY

Please tick mark the documents submitted for this qualification along with this form  
 Marksheet       Provisional Certificate       Degree Certificate       None -NA-

Name of the College	University / Board Name & Location	Dates Attended		Qualification	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
12TH STANDARD					
MGM JUNIOR COLLEGE	BOARD OF INTERMEDIATE EDUCATION	2016	2018	INTERMEDIATE	1809227651

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	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
10TH STANDARD					
KESAVA REDDY SCHOOL	SSC	2015	2016	SSC	1619116218

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	
AXXELANT PHARMA SCIENCE PVT. LTD		SE2 UNIT, NO:-915, PORTIA ROAD, SRICITY	
Telephone No	Employee Code/No	Designation	UAN Number
NA	APS0469	JUNIOR EXECUTIVE	101904187469
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		8500010848
SEP. 2023	JAN. 2026	SHAIK JAVEED	Reporting Manager's Email ID
		NA	
Duties & Responsibilities		Reasons for leaving	
SUPERVISOR & PRODUCTION ACTIVITIES		PROFESSIONAL GROWTH	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
VIJAYA BHASKAR REDDY & 9949617371		NA	
First Salary drawn	Was this Position <input checked="" type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary <input checked="" type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details	
16,375/-			
Last Salary drawn			
17,489/-	NA		
Last Salary drawn	<input checked="" type="checkbox"/> Temporary <input checked="" type="checkbox"/> Contractual	NA	
NA			

**Please tick mark the documents submitted for this employment**

Service Certificate   
 Relieving letter   
 Offer letter   
 Any Other (please specify) **PAY SLIPS**

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

Name of the Employer -2 (Ex-Employment)		Address of Employer	
Telephone No	Employee Code/No	Designation	UAN Number
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
		NA	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
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			

**Please tick mark the documents submitted for this employment**

Service Certificate   
 Relieving letter   
 Offer letter   
 Any Other

None

(please specify) NA

**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 .

B. SAI VIGNESHU

*B. Sai*

19/01/2026

**Full Name of the Candidate**

**Signature**

**Date of Form Filled**