

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 (KEY ACCOUNTS)	KOLKATA

Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
ADITI GANGULY		BZFPG9680M	791897836065
Father's Full Name	ABHOY GANGULY	Date of Birth (DD/MM/YYYY)	
Husband Name	—	13/09/1997	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
FEMALE	8789229526	INDIAN	SINGLE
Personal Email ID		Official Email ID	
aditi.ganguly.02237@gmail.com			

Permanent Address		Period of stay	
MAIN BAJAR JAMURIA, JAMURIA HAT, BESIDE MANOJ LADDU BHANDAR, ASANSOL, WEST BENGAL. 713336		From (Month/Year)	To (Month/Year)
		Residence Mobile Number	Alternate Mobile number
Pincode	713336	9333796860	
State	WEST BENGAL		
Prominent Landmark	JAMURIA HAT		
Nearest Police Station	JAMURIA		

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	
JAMIA HAMDARD	PHARMA MBA	08/08/2022	08/06/2024	PHARMA MBA	2022-542-004
Name of the College		Course Name / Specialization			
JAMIA HAMDARD (SMBS)		PHARMACEUTICAL MANAGEMENT			

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	
MAKAUT	B. PHARMA	01/08/2018	01/07/2022	B. PHARMA	12401918115

Name of the College	Course Name / Specialization
GIUPTA COLLEGE OF TECHNOLOGICAL SCIENCES	BACHELORS IN PHARMACEUTICAL TECHNOLOGY.

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		
		dd/mm/yy	dd/mm/yy	Name of the Course	
12TH STANDARD					
SKS PUBLIC SCHOOL, MANGALPUR	CENTRAL BOARD OF SECONDARY EDUCATION.				6619615

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		
		dd/mm/yy	dd/mm/yy	Name of the Course	
10TH STANDARD					
SKS PUBLIC SCHOOL, MANGALPUR	CENTRAL BOARD OF SECONDARY EDUCATION.				6120667

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	
MERIL LIFE SCIENCES		VAPI, GUJARAT.	
Telephone No	Employee Code/No	Designation	UAN Number
	26092	TSE	102183069337
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	VICTOR NANDI.	9775000878
03/02/2025	31/12/2025		victor.nandi@merilife.com

Duties & Responsibilities	Reasons for leaving
ENDO SURGERY PRODUCT SALES, ENGAGEMENT OF SURGEONS.	CULTURE, GROWTH OPPERTUNITY
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 28,000		
Last Salary drawn		

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	
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
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 (please specify)

None

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.

ADITI GANGULY.	<i>Aditi Ganguly</i>	09/01/2026
Full Name of the Candidate	Signature	Date of Form Filled