

**EMPLOYEE BACKGROUND VERIFICATION FORM**

**COMPANY NAME :**

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.

<b>Position applied for</b>	<b>Job Location</b>
<b>SR. MANAGER</b>	<b>BENGALURU</b>

**Personal Information**

<b>Full Name of the Applicant</b>		<b>Pancard Number</b>	<b>Aadhaar Number</b>
<b>RUBEENA SHARMA</b>		<b>AVSPS2944Q</b>	<b>2083 9516 7102</b>
<b>Father's Full Name</b>	<b>AKHLAQ AHMAD</b>	<b>Date of Birth (DD/MM/YYYY)</b>	
<b>Husband Name</b>	<b>AMIT SHARMA</b>	<b>16-06-1976</b>	
<b>Gender (MALE/FEMALE)</b>	<b>MOBILE NUMBER</b>	<b>Nationality</b>	<b>Marital Status</b>
<b>FEMALE</b>	<b>8860786081</b>	<b>INDIAN</b>	<b>MARRIED</b>
<b>Personal Email ID</b>		<b>Official Email ID</b>	
<a href="mailto:RUBEENAAKHLAQSHARMA@GMAIL.COM">RUBEENAAKHLAQSHARMA@GMAIL.COM</a>		<a href="mailto:rubeena.s@healthiummedtech.com">rubeena.s@healthiummedtech.com</a>	

<b>Current Address</b>		<b>Period of stay</b>	
<b>G-256 FF PALAM VIHAR</b>		<b>From (Month/Year)</b>	<b>To (Month/Year)</b>
		<b>Aug-25</b>	<b>TILL DATE</b>
		<b>Residence Mobile Number</b>	<b>Alternate Mobile number</b>
<b>Pincode</b>	<b>122017</b>	<b>NA</b>	<b>9811921341</b>
<b>State</b>	<b>HARYANA</b>		
<b>Prominent Landmark</b>	<b>METRO PARK HOSPITAL</b>		
<b>Nearest Police Station</b>	<b>PALAM VIHAR</b>		

<b>Permanent Address</b>		<b>Period of stay</b>	
<b>J-995 PALAM VIHAR</b>		<b>From (Month/Year)</b>	<b>To (Month/Year)</b>
		<b>Feb-22</b>	<b>Aug-23</b>
		<b>Residence Mobile Number</b>	<b>Alternate Mobile number</b>

Pincode	122017
State	HARYANA
Prominent Landmark	METRO PARK HOSPITAL
Nearest Police Station	PALAM VIHAR

**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		
NATIONAL INSTITUTE OF SALES (UNIT OF NIIT)	SALES & MARKETING	08-07-1997	05-02-2002	PG DIPLOMA IN SALES & MARKETING MANAGEMENT	SEMESTER ID-006556/001601/001742/7201-00-977

<b>Name of the College</b>	<b>Course Name / Specialization</b>
NIS SPARTA	POST GRADUATE DIPLOMA IN SALES & MARKETING 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	Name of the Course	
		dd/mm/yy	dd/mm/yy		
ALIGARH MUSLIM UNIVERSITY	BACHELOR OF SCIENCE (HONOURS)	07-07-1994	04-04-1997	BOTANY HONOURS	94BTB-452/Z5252

<b>Name of the College</b>	<b>Course Name / Specialization</b>
ABDULLAH COLLEGE	BOTANY HONOURS

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	
		dd/mm/yy	dd/mm/yy		
12TH STANDARD					
GOVT GIRLS INTERCOLLEGE	U.P. BOARD, VARANASI	1992	1993	INTERMEDIATE	720524

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	
		dd/mm/yy	dd/mm/yy		
10TH STANDARD					

GOVT GIRLS INTERCOLLEGE	U.P. BOARD, VARANASI	1990	1991	HIGH SCHOOL	1125476
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Please tick mark the documents submitted for this qualification along with this form

Marksheet

Employment History			
<b>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.</b>			
Name of the Employer -1 (Latest Employment)		Address of Employer	
AUXEIN MEDICAL PVT LTD		UNIT 2 PLOT NO 157, KUNDALI INDUSTRIAL AREA, SONIPAT HARYANA	
Telephone No	Employee Code/No	Designation	UAN Number
9910643638	AMPL1284	SR. MARKETING MANAGER	
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	UDAI KHANIJOW	9811140623
17-03-2025	02-05-2025		Reporting Manager's Email ID
		<a href="mailto:UDAI@AUXEIN.COM">UDAI@AUXEIN.COM</a>	
Duties & Responsibilities		Reasons for leaving	
MARKETING & Medical education		PERSONAL	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
ATUL GUPTA -8607770180		<a href="mailto:A.GUPTA@AUXEIN.COM">A.GUPTA@AUXEIN.COM</a>	
First Salary drawn	Was this Position <input checked="" type="checkbox"/> Permanent	Agency Details (if temporary or contractual), provide details	
Last Salary drawn	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> Contractual		
		1,97988/-	
Last Salary drawn	<input type="checkbox"/> Temporary		
	<input type="checkbox"/> Contractual		
<b>Please tick mark the documents submitted for this employment</b> <input type="checkbox"/> Service Certificate <input checked="" type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> Any Other (please specify)			
<input type="checkbox"/> None			
Employment History - Please attach a copy of your relieving letter/service certificate			
Name of the Employer -2 (Ex-Employment)		Address of Employer	
DENTSPLY SIRONA INDIA PVT LTD		DLF GURGAON	
Telephone No	Employee Code/No	Designation	UAN Number
0124 6630000-01	607	CLINICAL EDUCATOR	1003 1600 8482
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	FLORIAN PIQUET/NEIL BHATIA	9818646206
06-12-2021	05-02-2023		Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
MEDICAL EDUCATION, WORKSHOPS, SEMINARS MANAGEMENT		PERSONAL	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
SWATI MALHOTRA		<a href="mailto:SWATI.MALHOTRA@DENTSPLYIRONA.COM">SWATI.MALHOTRA@DENTSPLYIRONA.COM</a>	
First Salary drawn	Was this Position <input checked="" type="checkbox"/> Permanent	Agency Details (if temporary or contractual), provide details	
Last Salary drawn	<input type="checkbox"/> Temporary		
		2,03968/-	

Contractual

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 -3 (Previous Employment)		Address of Employer	
STRYKER INDIA PVT LTD		VATIKA BUSINESS PARK SECTOR 49 GURGAON	
Telephone No	Employee Code/No	Designation	UAN Number
0124-6881000	SIPL/2017/695	LEAD MEDICAL EDUCATION	1003 1600 8482
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	MALVIKA SINGH	9910393509
17-05-2017	30-11-2021		Reporting Manager's Email ID
		<a href="mailto:MALVIKA.SINGH@STRYKER.COM">MALVIKA.SINGH@STRYKER.COM</a>	
Duties & Responsibilities		Reasons for leaving	
MEDICAL EDUCATION PROGRAM PLANNING & EXECUTION		CAREER GROWTH	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
RAGHAV SINGH		<a href="mailto:RAGHAV.SINGH@STRYKER.COM">RAGHAV.SINGH@STRYKER.COM</a>	
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		1,58483/-	
Please tick mark the documents submitted for this employment			
<input checked="" type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> Any Other <input type="checkbox"/> None (please specify)			
Employment History - Please attach a copy of your relieving letter/service certificate			
Name of the Employer -4 (Previous Employment)		Address of Employer	
BIOTRONIK MEDICAL DEVICES INDIA PVT LTD		UNIT NO 805-807 COMMERCIAL COMPLEX DLF -B JASOLA, DELHI	
Telephone No	Employee Code/No	Designation	UAN Number
011-40587850	73	MANAGER PRODUCT MARKETING	
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
03-12-2012	30-09-2016	ALOK SHARMA	9313315032
			Reporting Manager's Email ID
		LEFT THE ORGANIZATION	
Duties & Responsibilities		Reasons for leaving	
BRAND MANAGEMENT AND MARKETING		PERSONAL	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
MOHINI		<a href="mailto:mohini.verma@biotronik.com">mohini.verma@biotronik.com</a>	
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	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	1,50000/-
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Please tick mark the documents submitted for this employment

Service Certificate     
 Relieving letter     
 Offer letter     
 Any Other  
 None (please specify)

**Professional Reference Contact Details (Team Lead/Manager/Business Head/Director) (Mandatory if applicable)**

Name of the Person	Designation	Contact Number	Email ID
1 ALOK SHARMA	DIRECTOR	9313315032	<a href="mailto:ALOKS3SENSEI@GMAIL.COM">ALOKS3SENSEI@GMAIL.COM</a>
2 NAMRATA SHARMA	TEAM LEAD	9899683652	

**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 .

RUBEENA SHARMA		04-02-2026
<b>Full Name of the Candidate</b>	<b>Signature</b>	<b>Date of Form Filled</b>