

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
Deputy Manager	Sri city

Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
LOGANATHAN . D		AIRPL3063D	2990 6682 8183
Father's Full Name	A. Dhandapani	Date of Birth (DD/MM/YYYY)	
Husband Name	-	13.10.1990	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
Male	9677958068	Indian	Married
Personal Email ID		Official Email ID	
logujhon@gmail.com		-	

Permanent Address		Period of stay	
No. 46, Bajanaikovil st, Kundiyanthandalam (village) Cheyyar (TK), Thiruvannamalai - Dt.		From (Month/Year)	To (Month/Year)
		-	-
		Residence Mobile Number	Alternate Mobile number
		9944467137	-
Pincode	631702		
State	Tamilnadu		
Prominent Landmark	-		
Nearest Police Station	Dusty Dusi		

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		
Bharathidasan University	M.Sc	2016	2018	Chemistry	PN15640158
Name of the College			Course Name / Specialization		
Venkateshwara Educational Institute			M.Sc. Chemistry		
Please tick mark the documents submitted for this qualification along with this form					
<input checked="" type="checkbox"/> Marksheet <input checked="" type="checkbox"/> Provisional Certificate <input type="checkbox"/> Degree Certificate <input type="checkbox"/> None					

Name of the College	Course Name / Specialization
K.M.G. College of Arts & Science	B.Sc. 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		
12TH STANDARD		dd/mm/yy	dd/mm/yy	Name of the Course	
Govt. Hr. Sec. Boys School	State Board / Pallikonda, Vellore	2006	2008	12 th Maths, physics chemistry, & S	582621

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		
10TH STANDARD		dd/mm/yy	dd/mm/yy	Name of the Course	
Govt. Hr. Sec. School	State Board / Mettupalayam, Thiruvannamalai	2005	2006	10 th	586753

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

Marksheet

- Service Certificate Relieving letter Offer letter Any Other
 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	
Bicoon Limited		Bicoon Limited, 20th KH, Electronics City, Bangalore.	
Telephone No	Employee Code/No	Designation	UAN Number
+918028082808	10104622	Assistant Manager	100463375818
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	Thanga Mariyappan	-
2022	2024		Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
Plant supervisor		Professional.	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
-		-	
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details	
45639	<input checked="" type="checkbox"/> Permanent		
Last Salary drawn	<input type="checkbox"/> Temporary	-	
5667	<input type="checkbox"/> Contractual		
Please tick mark the documents submitted for this employment			
<input type="checkbox"/> Service Certificate <input checked="" type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input type="checkbox"/> Any Other <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.

LOGANATHAN · D	<i>D. Loganathan</i>	17/02/2026
Full Name of the Candidate	Signature	Date of Form Filled

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	
Lyftly Pharma Private Limited		A.V.Nagasam , East Godavari Dist, AP	
Telephone No	Employee Code/No	Designation	UAN Number
+914066725000	150764	Assistant Manager	100463375818
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	Galla Praveen Kumar	-
13/01/2025	Present.		Reporting Manager's Email ID
		-	
Duties & Responsibilities		Reasons for leaving	
Shift Incharge		Moving Near to Native	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
-		-	
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details	
76439	<input checked="" type="checkbox"/> Permanent		
Last Salary drawn	<input type="checkbox"/> Temporary		
81974	<input type="checkbox"/> Contractual	-	
Last Salary drawn	<input type="checkbox"/> Temporary	-	
	<input type="checkbox"/> Contractual		
Please tick mark the documents submitted for this employment			