

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	
Manager- Production		Healthium medtech- Sricity	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
Bimadi Rohith		BWBPB8792G	5649 8646 3625
Father's Full Name	Bimadi Gopal	Date of Birth (DD/MM?YYYY)	
Husband Name	NA	25/07/1992	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
Male	8096938829	Indian	Married
Personal Email ID		Official Email ID	
Rohithpharma28@gmail.com		Rohith.bimadi@aurobindo.com	
Permanent Address		Period of stay	
Gunapatipalem (vi) Chittamur (md) Tirupathi (Dt)		From (Month/Year)	To (Month/Year)
		I have been living for the last 25 years	
		Residence Mobile Number	Alternate Mobile number
Pincode	524402	9494631721	9493511421
State	Andhra Pradesh		
Prominent Landmark	Near sai baba temple, main road		
Nearest Police Station	Chittamur		

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		
Jawaharlal nehru technological university- Anantapur	M Pharmacy	2013	2016	Pharmaceutics	13P21S0312
Name of the College		Course Name / Specialization			
Rao's college of pharmacy		M pharmacy			
Please tick mark the documents submitted for this qualification along with this form <input type="checkbox"/> Marksheet <input checked="" type="checkbox"/> Provisional Certificate <input type="checkbox"/> Degree Certificate <input type="checkbox"/> 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		
Jawaharlal nehru technological university- Anantapur	B Pharmacy	2009	2013	B Pharmacy	09Z71R0028
Name of the College		Course Name / Specialization			
Gokula krishna college of Pharmacy		B Pharmacy			
Please tick mark the documents submitted for this qualification along with this form <input type="checkbox"/> Marksheet <input checked="" type="checkbox"/> Provisional Certificate <input type="checkbox"/> Degree Certificate <input type="checkbox"/> None					
Name of the College	University / Board Name & Location	Dates Attended		Qualification Gained	ID /Roll No
12TH STANDARD		From	To	Name of the Course	
Viswam junior college	Board of intermediate Education Andhra Pradesh	2007	2009	Bipc	0908232486
Please tick mark the documents submitted for this qualification along with this form <input checked="" type="checkbox"/> Marksheet					
Name of the College	School / Board Name & Location	Dates Attended		Qualification Gained	ID /Roll No
10TH STANDARD		From	To	Name of the Course	
ZPP high school Gunapadu	Board of secondary	2007		SSC	0536529

Please tick mark the documents submitted for this qualification along with this form				
<input checked="" type="checkbox"/>				
Marksheet				

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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	
APL health care, Unit-4 (Aurobindo Pharma)		Palchur (vi) Naidupet (md) Tirupathi (Dt)	
Telephone No	Employee Code/No	Designation	UAN Number
6718	83506	Dy.Manager	1010 9809 0074
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		9666679812
2017	2026	BH.Mallikarjun Reddy	Reporting Manager's Email ID
			Mallikarjun.bh@aurobindo.com
Duties & Responsibilities		Reasons for leaving	
Production- Granulation incharge		better Growth	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Ganesh & 8096888868		ganesh.janne@aurobindo.com	
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	
4.50 lac/year			
Last Salary drawn		NA	
12.91 Lac/year	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	NA	
Last Salary drawn		NA	
Please tick mark the documents submitted for this employment <input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input checked="" type="checkbox"/> Any Other (Recent Increment letter & payslips) <input type="checkbox"/> 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	
Til health care		Sricity, Cherivi (vi), satyavedu (md) chittoor (Dt), AP	
Telephone No	Employee Code/No	Designation	UAN Number
NA	12300	Executive	NA
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		9966911797
		Madhu Pulluru	Reporting Manager's Email ID

Aug-16	Mar-17		Madhu@tilhealthcare.com
Duties & Responsibilities		Reasons for leaving	
Production & Executive		Better growth	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Prasad & 9703409169		Hari@tilhealthcare.com	
First Salary drawn 3.8 Lac / year	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 3.8 Lac / year		NA	
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 <input type="checkbox"/> None (please specify)			
Documents Required (Mandatory)			
<u>Education:</u> <ul style="list-style-type: none"> ● Photocopy of degree certificate and final mark sheet of all examinations <u>Employment</u> <ul style="list-style-type: none"> ● Photocopy of relieving / experience letter for each employer mentioned in the form <u>Identity & Address Proof</u> <ul style="list-style-type: none"> ● Pan Card / Passport Copy/ Driving License / Aadhaar Copy / Bank Passbook / Voter ID 			
Declaration and Authorization			
<p>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.</p> <p>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 .</p>			
Bimadi Rohith	Rohith	22/02/26	
Full Name of the Candidate	Signature	Date of Form Filled	