



Healthium

HEALTHIUM MEDTECH LTD

Photo

Employee Information

Personal Information

Full Name: G. NANDHA KUMAR
First Middle Last

Permanent Address: 195A/15, ALAPAKKAM COLONY
House No. Street Name

TIRUVALLUR TAMIL NADU - 602026
City State ZIP Code

Home Phone: 9123557201 Alternate Phone: 6369256452

Present Address: 195A/15, ALAPAKKAM COLONY
House No. Street Name

TIRUVALLUR, TAMILNADU - 602026
City State ZIP Code

Gender (M/F): M MALE

Mobile: 9080615398

Email: nandhanandhakumar40352@gmail.com

Birth Date: 09-07-2003

Spouse's Name: -

Nationality: Indian

Passport No.: AB083888 Expiry date: 20-04-2035

Marital Status: Single
(Single/Married/Divorced/Widowed)

Blood Group: A+ positive

Emergency Contact Information

Full Name: C. ARUN KUMAR
First Middle Last

Address: 2/62 BAJANA KOVIL STREET (GOONIPALAYAM)
House No. Street Name

TIRUVALLUR TAMILNADU - 602026
City State ZIP Code

Primary Phone: 9123557201 Alternate Phone: 9578684281

Relationship: UNCLE

Academic Qualification

	Institution	Year(From & To)	Main Subjects	Score %
10 th Std.	CHRIST KING HIGH SCHOOL	2013 - 2017	MATHS SCIENCE	64%
Graduation	MADRAS COLLEGE OF PHARMACY	2020 - 2022	PHARMACY	62%
Post-Graduation				

Family Background

Relationship	Name	Occupation	Dependent or not
Father	GOVINDHARAJILU	Agriculture	
Mother	RUBI	Hoves wife	
Spouse	-		
Child1	-		
Child 2	-		
Others	NAMITHA	-	



Work Experience (Kindly Start with the most recent employer)

Name of the company	Designation	From (Date)	To (Date)	Reporting To	Salary last drawn	Reason for leaving
PYRRA	Q-L	29-11-23	20-02-26	HR	10402/26	Career Growth.
SUTURES PVT	OFFICER					

Job Information-HMPL (To be filled by HR Rep)

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ Email: _____

Joining Date: _____ Designation: _____

Aadhar No.: _____ PAN: _____

Bank Name: _____ Account No.: _____

Branch: _____ IFSC Code: _____

Name: _____

Date: _____

Signature: _____

Place: _____

HEALTHIUM MEDTECH LTD

Details of Employee & Family members to cover under Medical Insurance

Emp No	Name	Date of Birth	Relationship with Employee
	G. NANDHA KUMAR	09-07-2003	
	G. NAMITHA	18-07-2008	Sister
	G. ROOBI	29-07-1982	mother
	A. GOVINDA RAJULU	27-12-1975	father

Date: 19-02-26


Signature of the Employee

Options to cover self & family members (maximum coverage to 4 members only, including employee)-

1. Employee, Spouse & two children only or
2. Employee.

HEALTHIUM MEDTECH LTD

NOMINATION OF A BENEFICIARY FOR ALL DUES TO EMPLOYEE

To,

Healthium Medtech Ltd.

I, G. NANDHA KUMAR, an employee of Healthium Medtech Ltd.

Hereby nominate C. ARUN KUMAR whose details are given below as the sole person to whom all due accrued to me against Salary/ Bonus/ Ex gratia / Travel/ any other payments, shall be payable by the Company in the event of my death while in the service of the Company.

1. Name of Nominee : C. ARUN KUMAR
2. Address of Nominee : 2162 BAJAPAI KOVIL STREET
GEONIPALAYAM TIRUNELVELI - 620026
3. Relationship with me : UNCLE

If the age of the nominee on the date when the form is completed is less than 21 years, the following must also be completed.

1. Name of his/her Guardian : _____
2. Address of Guardian : _____
3. Relationship with Nominee : _____
4. Guardian's Signature : _____


(Signature of Employee)

Date: 19-02-26

NOTE: 1. Please intimate HR Dept. in case of change in beneficiary.

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	
QUALITY CONTROL OFFICER		SRF CITY	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
G. NANDHA KUMAR		CNCNP8845D	9603 4902 7927
Father's Full Name	Date of Birth (DD/MM/YYYY)		
A. GOVINDHARAJILU	09-07-2003		
Husband Name	-		
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
MALE	9080615398	INDIAN	SINGLE
Personal Email ID		Official Email ID	
nandhanandha.kumar46352@gmail.com		Same	
Permanent Address		Period of stay	
195/A15 ALAPPAIKAM COLONY ALAPPAIKAM SETHANJERI (POST) UTHUKOTTAI (TAMIL) TIRUVALLUR (DIST) TAMILNADU - 602026		From (Month/Year)	To (Month/Year)
		01 - 1950	current
		Residence Mobile Number	Alternate Mobile number
	6369 716169	-	
Pincode	602026		
State	TAMIL NADU		
Prominent Landmark	CHURCH		
Nearest Police Station	PENNAI/KR PETAI		

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	
Name of the College			Course Name / Specialization		

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	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
PLI DELHI	D PHARM	2020	2022	D-PHARM	20202199

Name of the College	Course Name / Specialization
MADRAS COLLEGE OF PHARMACY	D-PHARMACY

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	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
12TH STANDARD	CSE GOUDIE HR. SEC SCHOOL TIRUVALLUR	2017	2019	12th	19157 20902

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	CHRIST KING HIGH SCHOOL KATCHI	2013	2017	10th	5886977

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	
PYRRA SUTURES PVT LTD		#39, VIJAYARAJU STREET, TNPAPET CHENNAI	
Telephone No	Employee Code/No	Designation	UAN Number
	PS045	Quality control officer	101901931846
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	Seshq	93820 74747
29-11-2023	20-02-2026		Reporting Manager's Email ID
		Sesha@pyrrasutures.com	
Duties & Responsibilities		Reasons for leaving	
RAW of finished goods ANALYSIS & IPQC		CAREER GROWTH	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Senthil - 93609 74747		Senthil@pyrrasutures.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	
Last Salary drawn			
Last Salary drawn			
Please tick mark the documents submitted for this employment			
<input checked="" 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	
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			
Last Salary drawn			
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 type="checkbox"/> Any Other (please specify)			
<input type="checkbox"/> None			

EMPLOYEES' PROVIDENT FUND ORGANISATION

Employees' Provident Funds Scheme, 1952 (Paragraph 34 & 57) &
Employees' Pension Scheme, 1995 (Paragraph 24)

(Declaration by a person taking up employment in any establishment on which EPF Scheme, 1952 and /or EPS, 1995 is applicable)

1	Name of the member	G NANDHA KUMAR
2	Father's Name <input checked="" type="checkbox"/> Spouse's Name <input type="checkbox"/> (Please tick whichever is applicable)	A. GOVINDHARAJILU
3	Date of Birth: (DD / MM / YYYY)	09 - 07 - 2003
4	Gender: (Male/Female/Transgender)	MALE
5	Marital Status (Married/Unmarried/Widow/Widower/Divorce)	SINGLE
6	(a) Email ID: (b) Mobile No.:	nandha.nandha.kumar40352@gmail 9080615398
7	Whether earlier a member of Employees' Provident Fund Scheme, 1952	Yes/No
8	Whether earlier a member of Employees' Pension Scheme, 1995	Yes/No
Previous employment details: [if Yes to 7 AND/OR 8 above]		
9	a) Universal Account Number:	101 901 931 846
	b) Previous PF Account Number:	
	c) Date of exit from previous employment: (DD/MM/YYYY)	20-02-2026
	d) Scheme Certificate No. (if issued)	-
	e) Pension Payment Order (PPO) No. (if issued)	-
	a) International Worker:	Yes/No
10	b) If yes, state country of origin (India/Name of other country)	TAMILNADU 602026 - INDIA
	c) Passport No.	A3082888
	d) Validity of passport [(DD/MM/YYYY) to (DD/MM/YYYY)]	21-04-2025 to 20-04-2035
KYC Details: (attach self attested copies of following KYCs)		
11	a) Bank Account No. & IFS Code	40454 304 4005 SBIIN000 937
	b) AADHAR Number	9603 4902 7927
	c) Permanent Account Number (PAN), if available	CNCPN 8845D

UNDERTAKING

- 1) Certified that the particulars are true to the best of my knowledge.
- 2) I authorize EPFO to use my Aadhar for verification/authentication/eKYC purpose for service delivery.
- 3) Kindly transfer the funds and service details, if applicable, from the previous PF account as declared above to the present P.F. Account.
(The transfer would be possible only if the identified KYC detail approved by previous employer has been verified by present employer using his Digital Signature Certificate)
- 4) In case of changes in above details, the same will be intimated to employer at the earliest.

Date: 19-02-26
Place: TIRUVALLUR


Signature of Member

DECLARATION BY PRESENT EMPLOYER

- A. The member Mr./Ms./Mrs. has joined on and has been allotted PF Number
- B. In case the person was earlier not a member of EPF Scheme, 1952 and EPS, 1995:
 - (Post allotment of UAN) The UAN allotted for the member is
 - Please Tick the Appropriate Option:
 - The KYC details of the above member in the JAN database
 - Have not been uploaded
 - Have been uploaded but not approved
 - Have been uploaded and approved with DSC
- C. In case the person was earlier a member of EPF Scheme, 1952 and EPS, 1995:
 - The above PF Account number/UAN of the member as mentioned in (A) above has been tagged with his/her UAN/Previous Member ID as declared by member.
 - Please Tick the Appropriate Option: -
 - The KYC details of the above member in the UAN database have been approved with Digital Signature Certificate and transfer request has been generated on portal.
 - As the DSC of establishment are not registered with EPFO, the member has been informed to file physical claim (Form-13) for transfer of funds from his previous establishment.

Date:

Signature of Employer with Seal of Establishment

Self-Declaration form

Date: - ___/___/___

1) Are any of your family members or relatives working in Healthium Group of Companies?

Yes No

If Yes, please mention Name and Department: _____

I _____ S/o, D/o, W/o _____, Age _____, Resident of _____, Aadhar card no. _____, do hereby solemnly state that none of my family members or relatives is working in Healthium Group of Companies.

2) Are there any criminal proceedings or FIR against you?

Yes No

If Yes, please mention details - _____

3) Do you have any person in your family or first line of relative who is involved with the sales or any kind of business with Healthium or to Healthium.

Yes No

If Yes, please mention details - _____

4) Are any of your family members into similar or related business?

Yes No

If Yes, please mention details - _____

These information is only for our records and will not be shared to anyone outside of Healthium.

I hereby confirm and declare that I have furnished my Know Your Customer (KYC) details, inclusive of my Permanent Account Number (PAN) and Aadhaar, to the company for statutory registration purposes and other HR-related requirements. I grant my explicit consent for the Company to share this information solely for statutory purposes. I affirm that I possess the right and obligation to update the provided documents in the event of any changes and to request the replacement of data. I further acknowledge that the information provided above is accurate and complete to the best of my knowledge and belief.

Place: TIRUVALLUR

Date: 19-02-26


Signature: _____