

**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.

<b>Position applied for</b>	<b>Job Location</b>
Field Manager	Surat

<b>Personal Information</b>			
<b>Full Name of the Applicant</b>		<b>Pancard Number</b>	<b>Aadhaar Number</b>
Rathod Varshil Bishorrbhai		FGRPA0620B	6163 9132 9479
<b>Father's Full Name</b>	<b>Date of Birth (DD/MM/YYYY)</b>		
Rishorrbhai B. Rathod	29/05/2003		
<b>Husband Name</b>			
<b>Gender (MALE/FEMALE)</b>	<b>MOBILE NUMBER</b>	<b>Nationality</b>	<b>Marital Status</b>
MALE	864993118	Indian	Single
<b>Personal Email ID</b>		<b>Official Email ID</b>	
Varshilrathod34@gmail.com		varshilrathod34@gmail.com	

<b>Permanent Address</b>		<b>Period of stay</b>	
E-504, 5th floor, New Katar Gum, Surat		<b>From (Month/Year)</b>	<b>To (Month/Year)</b>
		05-04-2024	31-03-2026
		<b>Residence Mobile Number</b>	<b>Alternate Mobile number</b>
		8649093118	8649093118
<b>Pincode</b>	494520		
<b>State</b>	Gujarat		
<b>Prominent Landmark</b>	New Katar Gum		
<b>Nearest Police Station</b>	Katar Gum		

<b>Education Qualification - Please attach copy of Degree and Final year mark sheet</b>					
Name of the University	POST GRADUATION	Dates Attended		Qualification Gained	ID /Roll No
		From dd/mm/yy	To dd/mm/yy	Name of the Course	
<b>Name of the College</b>			<b>Course Name / Specialization</b>		
Please tick mark the documents submitted for this qualification along with this form					
<input type="checkbox"/> Marksheet <input 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		
		dd/mm/yy	dd/mm/yy	Name of the Course	
V.N.S.G.U	V.N.S.G.U	2021	2023	B.B.A	7626

Name of the College	Course Name / Specialization
V.B. Shah Institute	B.B.A

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					
H.S.C	Uttarakhand Higher Secondary Education Board	2020	2020	H.S.C	U 392943

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					
S.S.C	Uttarakhand Secondary Education Board	2018	2018	S.S.C	C3002362

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	
Medi transcare Pvt. LTD		506-505, Satyam - 6h, opp, Gujarat High court, S.G. Highway, Ahmedabad	
Telephone No	Employee Code/No	Designation	UAN Number
	2115	ABE	102065531209
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		91732 90602
08/04/2024	30/03/2026	Jenish Patel	Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
Area business executive (sales)		Career Advancement	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Puzak - 97486977212		sfe@meditranscare.com	

First Salary drawn	Was this Position <input type="checkbox"/> Permanent	Agency Details (if temporary or contractual), provide details
Last Salary drawn 36712	<input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Contractual	
Last Salary drawn 361712	<input checked="" type="checkbox"/> Temporary <input type="checkbox"/> Contractual	M.T.C M.T.C

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
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HR-Human Resource Contact Person Name & Contact Number	HR - Human Resource Contact Person Email ID
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First Salary drawn	Was this Position <input type="checkbox"/> Permanent	Agency Details (if temporary or contractual), provide details
Last Salary drawn	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	

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 .