

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	
TERRITORY MANAGER		TAMLUK	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
PROSHIK MUKHERJEE		AUNPM53969	8722 3851 2852
Father's Full Name	LT. SISIR MUKHERJEE	Date of Birth (DD/MM/YYYY)	
Husband Name		08/08/1987	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
MALE	09681018725	INDIAN	MARRIED
Personal Email ID		Official Email ID	
mpmukherjee@yahoo.com			
Permanent Address		Period of stay	
MUKHERJEE NIVAS VILLAGE - GOPALPUR, MAJHERCHARA P.O & P.S. - BAGANAN DIST. - HOWRAH PIN - 711303 WEST BENGAL		From (Month/Year)	To (Month/Year)
		FEBRUARY 2020	TILL DATE
		Residence Mobile Number	Alternate Mobile number
Pincode	711303	9836094453	8240563773
State	WEST BENGAL		
Prominent Landmark	MASHERCHARA PLAYGROUND		
Nearest Police Station	BAGANAN		

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	
SIKKIM UNIVERSITY		JAN 2009	DEC 2011	B.COM	365033
Name of the College		Course Name / Specialization			
E. I. I. L. M		B.COM			

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		
SIKKIM	B.COM	JAN 2009	DEC 2011	B.COM	365033

Name of the College	Course Name / Specialization
E.I.I.L.M.	B.COM

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					
E.I.I.L.M	SIKKIM	JAN 2007	DEC 2008	COMMERCE	125328

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					
B.M. INSTITUTION	W.B.B.SB	APR 2004	MAR 2005	MADHYAMIK	A4921 5065

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	
CADILA PHARMACEUTICALS		DHOLKA ROAD, AHMEDABAD	
Telephone No	Employee Code/No	Designation	UAN Number
	1118665	A.B.M	100735512517
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		Reporting Manager's Email ID
01/09/2025	09/03/2026	RAJANISH SINGH	rajanish.singh@cadilapharma.com
Duties & Responsibilities		Reasons for leaving	
		Better opportunity	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Susuchi Pandya			
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 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	
THEMIS MEDICARE		GOREGAON, MUMBAI	
Telephone No	Employee Code/No	Designation	UAN Number
	512530	H.E	100735512517
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		Reporting Manager's Email ID
08/08/2024	31/08/2025	Souma Satpati	Soumasatpati@gmail.com
Duties & Responsibilities		Reasons for leaving	
		Better opportunity	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
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			

- Service Certificate Relieving letter Offer letter Any Other
 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 .

PROSHIK MUKHERJEE		25/03/2025
Full Name of the Candidate	Signature	Date of Form Filled

By Regd. A.D / E-Mail: mpmukherjee@yahoo.com

Dated: 12/03/2026

To,
Mr. Proshik Mukherjee
Employee ID: 1118665
AREA BUSINESS MANAGER,
New Care, KOLKATA HQ

Subject: End of Employment Service Contract

Dear Mr. Proshik,

This has reference to email dated 09th Mar, 2026 informing about your resignation from the organization. We accept your resignation from the service of the company with effect from **09th Mar, 2026** being last DCR received at our end.

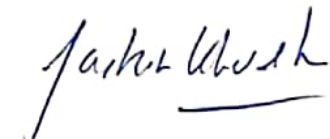
You are currently working in capacity as **Area Business Manager** with our organization w.e.f. **1st Sep, 2025** vide letter of appointment (hereinafter "Appointment contract/terms").

You are advised to return all company's property lying in your possession i.e working bag, unused samples, gift articles etc. of your area to Mr. Bappaditya Biswas and send the receipt to Head Office certifying that you have returned all property to Key Account Manager within 7 days from the receipt of this letter.

We also request you to provide us necessary No Objection Certificate from all the stockiest of your area of operation. Also send us your unclaimed expense statement along with your NOCs in order to settle your Full & Final Settlement.

On receipt of your confirmation, we shall settle your dues, if any. We wish you all the very best in your future endeavour.

For CADILA PHARMACEUTICALS LIMITED,



AUTHORIZED SIGNATORY

The Care Continues...

Ref: TML: OFF.LTR: HR: HOSP:JN: 2052

Date: 05.08.2024

Mr. Proshik Mukherjee
6/1, Palmar Bazar Road,
P.O- Tangra , P.S- Entally,
Kolkata- 700015
9681018725/ 08240563773

SUB: OFFER LETTER

Dear Mr. Proshik,

This is with reference to your application and the subsequent interview you had with us. We are pleased to offer you the Position of "**Hospital Executive**" at **Midnapore in Critical Care Division** of our Organization. Detailed Appointment letter will be issued to you as soon as we receive your Joining Report and we expect you to bring the following documents at the time of joining: -

1. All previous companies Appointment letters & Promotion letters.
2. Copy of Resignation Acceptance issued by previous company/Resignation Letter (forwarded email or accepted copy from previous superior/Employer).
3. Three Month Salary Slips of previous company.
4. Educational Certificates and Proof of date of birth.
5. Copy of Pan Card & Aadhar card.

It is believed that any information furnished to the company either verbally or in writing or in detail filled by you is true to the best of our knowledge. If the same is found to be incorrect or willfully suppressed on later date, it can lead to immediate withdrawal of the letter of offer and if joined, separation / discontinuation from the services, without any further reference to the cause.

Our offer letter will remain valid till **30.08.2024**. We shall appreciate your confirmation and communicate to us the date of your joining along with the copy of the acceptance of your resignation letter at the earliest.

We welcome you to THEMIS family and look forward to a long and fruitful association. Wishing you all the very best.
For **THEMIS MEDICARE LTD.**

M. D. Sharma

M. D. Sharma
President – Marketing

Proshik Mukherjee
06/08/24

Offer Accepted
(Proshik Mukherjee)

Themis Medicare Limited

Corporate Office : 11/12, Udyog Nagar, S. V. Road, Goregaon (West), Mumbai - 400 104, India
Tel. : 91-22-6760 7080 • **Fax :** 91-22-6760 7070 / 2874 6621
Regd. Office : Plot No. 69-A, G.I.D.C. Industrial Estate, Vapi - 396 195, Gujarat.
CIN No.: L24110GJ1969PLC001590 • **Tel / Fax No.:** **Regd. Off. :** 0260 2431447 / 2430219
• **E-mail :** themis@themismedicare.com • **Website :** www.themismedicare.com