

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
<i>Assistant officer - Quality Assurance</i>	<i>Bengaluru</i>

Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
<i>VISHWARADHYA. M E</i>		<i>AEWPES002L</i>	<i>727608540038</i>
Father's Full Name	<i>ESHWARAJAH M</i>	Date of Birth (DD/MM/YYYY)	
Husband Name	<i>—</i>	<i>26/04/2001</i>	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
<i>MALE</i>	<i>9353612978</i>	<i>INDIAN</i>	<i>SINGLE</i>
Personal Email ID		Official Email ID	
<i>vishwaradhya.me00987@gmail.com</i>			

Permanent Address		Period of stay	
<i>House No. 14, Main road - Agoradahalli (P), Bhadravati(T) shivamogga (D). - 577227</i>		From (Month/Year)	To (Month/Year)
		<i>14/10/2024</i>	<i>30/03/2026</i>
		Residence Mobile Number	Alternate Mobile number
Pincode	<i>577227</i>	<i>9353612978</i>	<i>8310485798</i>
State	<i>KARNATAKA</i>		
Prominent Landmark	<i>Near govt school</i>		
Nearest Police Station	<i>Holehonnur.</i>		

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 Gained	ID /Roll No
		From	To		
		dd/mm/yy	dd/mm/yy	Name of the Course	

Kajv Gandhi University
of health sciences
Karnataka

B-Pharmacy

01/06/2019

30/05/24

B-Pharmacy

19P3557

Name of the College: National college of pharmacy, Shimoga.

Course Name / Specialization: Pharma

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	
Sri BGS Science PU COL, Sringeri - 577139, Chickmagalur (DT)	Department of Pre-University education Bangalore.	01/06/17	16/04/19	Pre- university education	906477

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	
ST MERRY'S Med High School, Channagiri road Halehonner, Bhadravathi Shivamogga (DT)	ST MERRY'S ENGLISH medium high school Halehonner.	01/06/07	12/05/17	SSLC	20170116471

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	
Karnataka Antibiotics & pharmaceutical LTD.		No.14, 2nd phase peenya Indl. Area, Bangalore - 560058	
Telephone No	Employee Code/No	Designation	UAN Number
08023571590		QA officer	102120546825
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To		9008177764
14/10/2024	30/03/2026	R. Shaarmile Senior Manager-QA	Reporting Manager's Email ID

Duties & Responsibilities	Reasons for leaving
IPQA, validation, Documentation.	For personnel and carrier growth.
HR-Human Resource Contact Person Name & Contact Number	HR - Human Resource Contact Person Email ID
Palaxappa - 8618476744	

First Salary drawn	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Contractual	Agency Details (if temporary or contractual), provide details
Last Salary drawn		
Last Salary drawn	<input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Contractual	K.P.S ENTERPRISES, : No. 39-40, Peenya KIADB, complex, Near SBI, T.V.S. Cross

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
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		

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

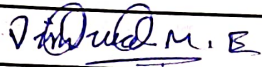
Identity & Address Proof

- 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 .

Vishwaradhya. M. E		06/04/2026
Full Name of the Candidate	Signature	Date of Form Filled