

**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> Executive Toxicology	<b>Job Location</b> Peenya
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**Personal Information**

<b>Full Name of the Applicant</b>		<b>Pancard Number</b>	<b>Aadhaar Number</b>
YECHAM ROOPAKALA		AYWPY6099H	630456975389
<b>Father's Full Name</b>	Y. Srihari	<b>Date of Birth (DD/MM/YYYY)</b>	
<b>Husband Name</b>	NA	10 - Sep - 1996	
<b>Gender (MALE/FEMALE)</b>	<b>MOBILE NUMBER</b>	<b>Nationality</b>	<b>Marital Status</b>
Female	9515497823	Indian	unmarried
<b>Personal Email ID</b>	Yechamroopa10@gmail.com	<b>Official Email ID</b>	

<b>Permanent Address</b>		<b>Period of stay</b>	
House No: 729, Venapuram Village, Vadamalapeta mandalem, Tinumanyam Rajula kandiga Chittoor, Andhrapradesh, 517551.		<b>From (Month/Year)</b>	<b>To (Month/Year)</b>
		September/1996	Present
Pincode State Prominent Landmark Nearest Police Station		<b>Residence Mobile Number</b>	<b>Alternate Mobile number</b>
		9515497823	
		517551	
		Andhrapradesh	
Ramalayam			
Vadamalapeta			

**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	
Krishna Teja College of pharmacy	M. Pharmacy Pharmacology	2019	2021	Pharmacology	19AFB0112
<b>Name of the College</b>		<b>Course Name / Specialization</b>			
Krishna Teja college of pharmacy		M. Pharmacy / pharmacology			

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		
Seven hills college of Pharmacy	B. Pharmacy	2015	2019	B. Pharmacy	15C91R0057

Name of the College	Course Name / Specialization
Sevenhills college of Pharmacy	B. 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 Gained	ID /Roll No
		From	To	Name of the Course	
		dd/mm/yy	dd/mm/yy		
12TH STANDARD					
Narayana Junior college	Tirupathi	2012	2014	Bi.P.C	1409212405

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					
Sri gayathri global school	Tirupathi	2011	2012	10th	1219112485

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	
clinchoice pvt. ltd		Subramanya Agrade, Bannerghatt Rd, Bengaluru.	
Telephone No	Employee Code/No	Designation	UAN Number
080 2658 5551	1111	Associate Toxicologist	101802665689
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	Shrutismita	7003450621
Feb-2022	Nov-2025		Reporting Manager's Email ID
		Shrutismita@clinchoice.com	
Duties & Responsibilities		Reasons for leaving	
Risk amendment reports for medical devices		Health issue	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Sumana - 9014915028		Sumana.a@clinchoice.com	
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details	
21,600	<input checked="" type="checkbox"/> Permanent		
Last Salary drawn	<input type="checkbox"/> Temporary		
26,102	<input type="checkbox"/> Contractual		
Last Salary drawn	<input type="checkbox"/> Temporary		
26,102	<input type="checkbox"/> Contractual		

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	Agency Details (if temporary or contractual), provide details	
	<input type="checkbox"/> Permanent		
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

