

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	
ASSISTANT MANAGER		BENGA LURU .	
Personal Information			
Full Name of the Applicant		Pancard Number	Aadhaar Number
ANAND .V		BHMPA4959C	22974192 2197
Father's Full Name	S.VASUDEVA KURUP	Date of Birth (DD/MM/YYYY)	
Husband Name [WIFE]	SWATHI . K	16/08/1994	
Gender (MALE/FEMALE)	MOBILE NUMBER	Nationality	Marital Status
MALE	7760108943	INDIAN	MARRIED
Personal Email ID		Official Email ID	
anandv16894@gmail.com			
Permanent Address		Period of stay	
FLAT NO.107 MAHAVEER WILLOW ANNEXE, KENKERTI SATELLITE TOWN, BENGALURU,		From (Month/Year)	To (Month/Year)
		JAN/2015	PRESENT
		Residence Mobile Number	Alternate Mobile number
Pincode	560060	+9180796 52902	NA
State	KARNATAKA		
Prominent Landmark	CHURCH STOP		
Nearest Police Station	KENKERTI		

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	
VIT UNIVERSITY	MTECH CAD/CAM	21/06/17	30/09/17	Mtech CAD/CAM	17MCO1022
Name of the College		Course Name / Specialization			
VIT - CHENNAI CAMPUS.		MTECH / CAD/CAM			
Please tick mark the documents submitted for this qualification along with this form					
<input type="checkbox"/> Marksheet <input type="checkbox"/> Provisional Certificate <input checked="" 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	
CHRIST UNIVERSITY	B.TECH	09/08/12	15/09/16	Btech Mechanical Engineering	1212552

Name of the College	Course Name / Specialization
CHRIST UNIVERSITY FACULTY OF ENGINEERING	B.TECH - MECHANICAL ENGR

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	
KLE INDEPENDENT PU COLLEGE, NAGARBHAVI	KARNATAKA PU BOARD.	2010	2012	PCME [PU]	190355

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	
BETHESDA HIGH SCHOOL, KENNERI	KARNATAKA SSLC BOARD.	2009	2010.	SSLC [10th]	2010078 0704

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 Employer)		Address of Employer	
UNIVLABS TECHNOLOGIES PVT LTD.		#31, NEARINPOLITY II, SECTOR 83, GURUGRAM - 120 002 (HR)	
Telephone No	Employee Code/No	Designation	UAN Number
+91124 4116102	UL102429	Sr. Design Engineer.	U02041833228
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	AMAN KUMAR SAINI	+91-96903 89806.
30/01/2024	31/01/2026		Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
R&D, NPD, MEDICAL DEVICES.		To change location - to Bangalore	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
PRAVATHI - +9174287 94665		hr@univlabs.in	
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	
11 LPA		NA	
Last Salary drawn		NA	
14.3 LPA	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	NA	
Last Salary drawn		NA	
14.3 LPA			
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	
MERLIN MD Pte Ltd		8 Admiralty St Admirax Lobby 2 #06-08101 Singapore 757432	
Telephone No	Employee Code/No	Designation	UAN Number
+65 6892 0020		Product Engineer	-
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	Thanuka Ratnayake	+65 9154 8441
10/08/2022	07/09/23		Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
R&D, Documentation, Product Development		Due to personal reasons.	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
Ms Wong Lai Teng / +65 8382 5328		lwong@merlinmedical.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	
7.2 LPA		NA	
Last Salary drawn		NA	
8.04 LPA			
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			
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 .

AWAND.V		07/05/2026
Full Name of the Candidate	Signature	Date of Form Filled