

**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>
TM	SANGAREDDY

<b>Personal Information</b>			
<b>Full Name of the Applicant</b>		<b>Pancard Number</b>	<b>Aadhaar Number</b>
VANGARI RAJESH		AADPV6825N	6762 0705 4882
<b>Father's Full Name</b>	RAJU-V (LATE)	<b>Date of Birth (DD/MM/YYYY)</b>	
<b>Husband Name</b>		07/05/1990	
<b>Gender (MALE/FEMALE)</b>	<b>MOBILE NUMBER</b>	<b>Nationality</b>	<b>Marital Status</b>
	9908800226	INDIAN	MARRIED
<b>Personal Email ID</b>		<b>Official Email ID</b>	
rajesh.vangasi.03@gmail.com			

<b>Permanent Address</b>		<b>Period of stay</b>	
22-7-96/2, Sri Sakarasthara Swamy Colony, Gowthami Nagar, Watangaal 506002.		<b>From (Month/Year)</b>	<b>To (Month/Year)</b>
		Jan / 2010	2026
		<b>Residence Mobile Number</b>	<b>Alternate Mobile number</b>
<b>Pincode</b>	506002	9908800226	
<b>State</b>	TELANGANA		
<b>Prominent Landmark</b>	NEAR HANUMATH JUNCTION		
<b>Nearest Police Station</b>	NIATTEWADA		

**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	Name of the Course	
		dd/mm/yy	dd/mm/yy		
PATHFINDER COLLEGE OF PHARMACY (KU)	B. PHARMACY	2010	2012	B. PHARMACY	46
<b>Name of the College</b>		<b>Course Name / Specialization</b>			
PATHFINDER 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 University	GRADUATION	Dates Attended		Qualification	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
KU	D. PHARMACY	2007	2009	70%	18

Name of the College	Course Name / Specialization
CARE COLLEGE OF PHARMACY	D. 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	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
12TH STANDARD					
S.N JUNIOR COLLEGE	BOARD OF INTERMEDIATE	2005	2007	70%	49

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	ID /Roll No
		From	To	Gained	
		dd/mm/yy	dd/mm/yy	Name of the Course	
10TH STANDARD					
SANDHYA HIGH SCHOOL	BOARD OF S.S.C	2004	2005	55%	13

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	
GENNOVA BIO PHARMACEUTICALS			
Telephone No	Employee Code/No	Designation	UAN Number
	30002063	KAM	
Employment Period		Reporting Manager's Name	Reporting Manager's Contact No
From	To	AVINASH CHANDA	8277112624
MAY-2024	MAY-2026		Reporting Manager's Email ID
Duties & Responsibilities		Reasons for leaving	
SALES & PROMOTIONS		CARRIER GROWTH, RELOCATION	
HR-Human Resource Contact Person Name & Contact Number		HR - Human Resource Contact Person Email ID	
8149444333		NISHA.MANWANI@Emcsl.com	
First Salary drawn	Was this Position	Agency Details (if temporary or contractual), provide details	
53,000	<input checked="" type="checkbox"/> Permanent		
Last Salary drawn	<input type="checkbox"/> Temporary		
59,000	<input type="checkbox"/> Contractual		
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)

**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	
Last Salary drawn	<input type="checkbox"/> Permanent		
	<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)

**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

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 .

VARGARI RAJESH	V. Rajesh	07/05/2026
Full Name of the Candidate	Signature	Date of Form Filled