

EMPLOYEE BACKGROUND VERIFICATION FOR			
<b>COMPANY NAME : HML</b>			
<p>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.</p> <p>The details on this form will be used for all official requirements should you join the organization.</p>			
<b>Position applied for</b>		<b>Job Location</b>	
Head – Manufacturing Finance		Peenya Location	
<b>Personal Information</b>			
<b>Full Name of the Applicant</b>		<b>Pancard Number</b>	
SALIL KUMAR TRIPATHY		ADJPT9841Q	
<b>Father's Full Name</b>	JUGAL KISHORE TRIPATHY	<b>Date of Birth (DD/MM/YY)</b>	
<b>Husband Name</b>		6/26/1975	
<b>Gender (MALE/FEMALE)</b>	<b>MOBILE NUMBER</b>	<b>Nationality</b>	
MALE	9871622488	INDIAN	
<b>Personal Email ID</b>		<b>Official Email ID</b>	
SALILTRIPATHY5@GMAIL.COM		salilkumar.tripathy@ultraviolette.co	
<b>Permanent Address</b>		<b>Period of Residence</b>	
K 228 , VIJAY RATAN VIHAR SEC 15, PART 2 GURGAON , HARYANA 122001		<b>From (Month/Year)</b>	
		Jan-13	
		<b>Residence Mobile Number</b>	
<b>Pincode</b>	122001	9810868388	
<b>State</b>	Haryana		
<b>Prominent Landmark</b>	Near Jharsa Chowk		
<b>Nearest Police Station</b>	Sadar Police Station Sec 15		

Education Qualification - Please attach copy of Degree and Final year mark sheet			
Name of the University	POST GRADUATION	Dates Attended	
		From	To
		dd/mm/yy	dd/mm/yy
The Institute of Cost Accountants of India	Professional Degree		09/09/1999

Name of the College		Course	
Please tick mark the documents submitted for this qualification along with this form			
<input type="checkbox"/> Marksheet <input type="checkbox"/> Provisional Certificate <input type="checkbox"/> <b>Degree Certificate</b>			
Name of the University	GRADUATION	Dates Attended	
		From	To
		dd/mm/yy	dd/mm/yy
MANIPAL UNIVERSITY	Master Business Administration		5/20/2024
Name of the College		Course	
Please tick mark the documents submitted for this qualification along with this form			
<input type="checkbox"/> Marksheet <input type="checkbox"/> Provisional Certificate <input type="checkbox"/> <b>Degree Certificate</b>			
Name of the College	University / Board Name & Location	Dates Attended	
		From	To
		dd/mm/yy	dd/mm/yy
12TH STANDARD			
K S U B COLLEGE	COUNCIL OF HIGHER SECONDARY EDUCATION		Mar-92
Please tick mark the documents submitted for this qualification along with this form			
<input type="checkbox"/> Marksheet <input type="checkbox"/> Provisional Certificate <input type="checkbox"/> <b>Degree Certificate</b>			
Name of the College	School / Board Name & Location	Dates Attended	
		From	To
		dd/mm/yy	dd/mm/yy
10TH STANDARD			
U B HIGH SCHOOL	BOARD OF SECONDARY EDUCATION ORISSA		Apr-90
Please tick mark the documents submitted for this qualification along with this form			
<input type="checkbox"/> Marksheet <input type="checkbox"/> Provisional Certificate <input type="checkbox"/> <b>Degree Certificate</b>			

**Employment History**

**Note: Please ensure that you are descriptive wherever necessary – e.g. If company has closed, do mention 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	
ULTRAVIOLETTE AUTOMOTIVE PRIVATE LIMITED		# 529/530 INTERMEDIATE RING F	
Telephone No	Employee Code/No	Designation	
	509	ASST. VICE PRESIDENT -FINANCE	
Employment Period		Reporting Manager's Name	
From	To		9197
12/10/2024	CONTINUING		
Duties & Responsibilities			
Financial Planning, Financial Strategic Review			
HR-Human Resource Contact Person Name & Contact Number		HR - Human	
<a href="mailto:vasudha.mangalam@ultraviolette.com">vasudha.mangalam@ultraviolette.com</a>		<a href="#">vasud</a>	
First Salary drawn	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporar	
Dec-24			
Last Salary drawn	<input type="checkbox"/> Temporary <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  
☐ None      (please specify)

**Employment History - Please attach a copy of your relieving letter/service certificate**

Name of the Employer -2 (Ex-Employment)		Address	
Becton Dickinson India Private Limited		6th Floor , Signature Tower B, South City 1 Gurgaon	
Telephone No	Employee Code/No	Designation	
0124-2383566	10133160	Senior Manager FP&A	
Employment Period		Reporting Manager's Name	
From	To		AKSHIT JAIN
9/22/2015	11/29/2024		
Duties & Responsibilities			
HR-Human Resource Contact Person Name & Contact Number		HR - Human	
SUMAN MALIK			
First Salary drawn	Was this Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual	Agency Details (if temporar	
Sep-15			
Last Salary drawn	<input type="checkbox"/> Temporary <input type="checkbox"/> Contractual		
Nov-24			

**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 background verification form, and to conduct enquiries as may be necessary, at the company's discretion. I authorize enquiry to disclose it to GoldQuest Global HR Services Pvt Ltd or its representative. I release all persons from liability.

I confirm that the above information is correct to the best of my knowledge. I agree that in the event of my obtaining confirmation as well as continued employment in the services of the company are subject to clearance of medical test by the company.

<b>Salil Kumar Tripathy</b>		
<b>Full Name of the Candidate</b>	<b>Signature</b>	

M
de
Aadhaar Number
9022 4707 8747
(YYYY)
Marital Status
MARRIED
m
od of stay
To (Month/Year)
Continuing
Alternate Mobile number
0124 4000331

Qualification Gained	ID /Roll No
Name of the Course	
Cost Management Accountant	ERC 81321

e Name / Specialization	
<input type="checkbox"/> None	
Qualification Gained	ID /Roll No
Name of the Course	
MBA Finance	2114500735
e Name / Specialization	
Finance	
<input type="checkbox"/> None	
Qualification Gained	ID /Roll No
Name of the Course	
+2 Science	206E115
Qualification Gained	ID /Roll No
Name of the Course	
First Division	29G173

it.
of Employer
ROAD DOMLUR ,BANGALORE -560071
UAN Number
100662522773
Reporting Manager's Contact No
31111600
Reporting Manager's Email ID
<a href="mailto:ajay.shanker@ultraviolette.com">ajay.shanker@ultraviolette.com</a>
Reasons for leaving
Better Opportunity
Resource Contact Person Email ID
<a href="mailto:ha.mangalam@ultraviolette.com">ha.mangalam@ultraviolette.com</a>
y or contractual), provide details
<b><u>Letter of Appointment</u></b>
of Employer
122001
UAN Number
100662522773
Reporting Manager's Contact No
Reporting Manager's Email ID
<a href="mailto:AKSHIT.JAIN@BD.COM">AKSHIT.JAIN@BD.COM</a>
Reasons for leaving
Better Opportunity
Resource Contact Person Email ID
9650130099
y or contractual), provide details
Letter of Appointment

/ application for employment and this employee  
ze all persons who may have information relevant to this  
ity on account of such disclosure.

g employment, my probationary appointment,  
est and background verification check done by the

14-Jul-25

Date of Form Filled