

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 |
| TERRITORY MANAGER | JAIPUR |

Personal Information

| | | | |
|------------------------------------|-----------------------|-----------------------------------|-----------------------|
| Full Name of the Applicant | | Pancard Number | Aadhaar Number |
| HIMANSHU RAMCHANDANI | | BWQPR2562F | 445218578857 |
| Father's Full Name | MURLIDHAR RAMCHANDANI | Date of Birth (DD/MM?YYYY) | |
| Husband Name | N/A | 11-08-1996 | |
| Gender (MALE/FEMALE) | MOBILE NUMBER | Nationality | Marital Status |
| MALE | 9785855009 | INDIA | MARRIED |
| Personal Email ID | | Official Email ID | |
| HIMANSHURAMCHANDANI77.HR@GMAIL.COM | | HIMANSHU.R@HEALTHIUMMEDTECH.COM | |

| Permanent Address | | Period of stay | |
|--|-------------|--------------------------------|--------------------------------|
| | | From (Month/Year) | To (Month/Year) |
| DEV KI GALI MASUDA BEAWAR (AJMER) RAJASTHAN | | 11.08.1996 | 01-10-2018 |
| | | Residence Mobile Number | Alternate Mobile number |
| Pincode | 305623 | | |
| State | RAJASTHAN | | 9785855009 |
| Prominent Landmark | DEV KI GALI | | |
| Nearest Police Station | MASUDA | | |

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 | | |
| MDS UNIVERSITY AJMER | M.COM | dd/mm/yy 2016 | dd/mm/yy 2018 | M.COM | 853136 |

Name of the College

Course Name / Specialization

S.D GOVT COLLEGE, BEAWAR

BUS.ADMN

Please tick mark the documents submitted for this qualification along with this form

Marksheet

Provisional Certificate

Degree Certificate

None

| | |
|-----------------------|-----------------------------|
| Dates Attended | Qualification Gained |
|-----------------------|-----------------------------|

| Name of the University | GRADUATION | From | To | Name of the Course | ID /Roll No |
|--|------------------------------------|------------------------------|----------|----------------------|-------------|
| | | dd/mm/yy | dd/mm/yy | | |
| MDS UNIVERSITY AJMER | B.COM | 2014 | 2016 | B.COM | 363150 |
| Name of the College | | Course Name / Specialization | | | |
| S.D GOVT COLLEGE, BEAWAR | | BUS.MANAG | | | |
| Please tick mark the documents submitted for this qualification along with this form | | | | | |
| <input checked="" type="checkbox"/> Marksheet <input type="checkbox"/> Provisional Certificate <input type="checkbox"/> Degree Certificate <input type="checkbox"/> None | | | | | |
| Name of the College | University / Board Name & Location | Dates Attended | | Qualification Gained | ID /Roll No |
| | | From | To | | |
| 12TH STANDARD | RAJASTHAN BOARD | dd/mm/yy | dd/mm/yy | Name of the Course | 1802448 |
| K.D JAIN SCHOOL BEAWAR | | | | | |
| Please tick mark the documents submitted for this qualification along with this form | | | | | |
| <input checked="" type="checkbox"/> Marksheet | | | | | |
| Name of the College | School / Board Name & Location | Dates Attended | | Qualification Gained | ID /Roll No |
| | | From | To | | |
| 10TH STANDARD | RAJASTHAN BOARD | dd/mm/yy | dd/mm/yy | Name of the Course | 24363 |
| ADARSH VIDHYA MANDIR MASUDA | | | | | |
| Please tick mark the documents submitted for this qualification along with this form | | | | | |
| <input checked="" type="checkbox"/> Marksheet | | | | | |

| Employment History | | | |
|--|--|--|---|
| <p>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.</p> | | | |
| Name of the Employer -1 (Latest Employment) | | Address of Employer | |
| ROMSONS GROUP OF INDUSTRIES | | B-248, Industrial Area Phase I, Block B, Industrial Estate, Naraina, Delhi | |
| Telephone No | Employee Code/No | Designation | UAN Number |
| 011-42630000 | D952 | BDM | 101365731135 |
| Employment Period | | Reporting Manager's Name MR VED PRAKASH | Reporting Manager's Contact No |
| From | To | | 9549999668 |
| Apr-22 | Jul-25 | | Reporting Manager's Email ID SMRAJASTHAN@ROMSONS.COM |
| Duties & Responsibilities | | Reasons for leaving | |
| SALES & MARKETING | | PROFESSIONAL GROWTH | |
| HR-Human Resource Contact Person Name & Contact Number | | HR - Human Resource Contact Person Email ID | |
| SHAGUN MISHRA & (8527159439) | | shagun.mishra@romsons.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 | |
| Last Salary drawn | | | |
| Last Salary drawn | <input type="checkbox"/> Temporary <input type="checkbox"/> Contractual | | |
| <p>Please tick mark the documents submitted for this employment</p> <p><input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input checked="" type="checkbox"/> Any Other (please specify) <i>(ACCEPTANCE MAIL)</i></p> | | | |
| Employment History - Please attach a copy of your relieving letter/service certificate | | | |
| Name of the Employer -2 (Ex-Employment) | | Address of Employer | |
| ERIS LIFESCIENCES LTD | | Near Swati Bungalow, Ramdas Road, Sindhud Bodakdev, Ahmedabad, | |
| Telephone No | Employee Code/No | Designation | UAN Number |
| 079 3045 1111 | E07770 | BE | 101365731135 |
| Employment Period | | Reporting Manager's Name DHEERENDRA KATARA | Reporting Manager's Contact No |
| From | To | | 9887036697 |
| Oct-18 | Apr-22 | | Reporting Manager's Email ID |
| Duties & Responsibilities | | Reasons for leaving | |
| SALES & MARKETING | | PROFESSIONAL GROWTH | |
| HR-Human Resource Contact Person Name & Contact Number | | HR - Human Resource Contact Person Email ID | |
| jaspreet rajput | | jaspreet.rajput@erislifesciences.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 | |
| Last Salary drawn | | | |
| <p>Please tick mark the documents submitted for this employment</p> <p><input type="checkbox"/> Service Certificate <input type="checkbox"/> Relieving letter <input type="checkbox"/> Offer letter <input checked="" type="checkbox"/> Any Other (please specify) <i>(ACCEPTANCE LETTER)</i></p> | | | |

Required (Mandatory)

Photocopy of degree certificate and final mark sheet of all examinations

Employment

- Photocopy of relieving / experience letter for each employer mentioned in the form

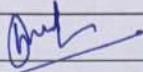
Identity & Address Proof

- 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.

| | | |
|----------------------------|---|---------------------|
| HIMANSHU RAMCHANDANI |  | 22-07-2025 |
| Full Name of the Candidate | Signature | Date of Form Filled |