EMPLOYEE BACKGROUND VERIFICATION FORM

COMPANY NAME: Novo Nordisk India Private Limited

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 you should join the organization.

Position Applied for	Job Location

Personal Information

Name of the Candidate(As per Government Identity proof)	Pancard Number	Aadhar Number
Test applica		

Father's Name	Date of Birth(dd/mm/yy)	Husband's Name
testing	2000-01-24	testing

Gender	Mobile Number	Nationality	Marital Status
male	9855021206	indian	Dont wish to disclose

Current Address		Period of Stay	Contact details
Full Address	af	From	Residence Landline Number
Pin code	222		
State	dfsd	To Date	Alternate Mobile Number
Prominent Landmark	sdf	sdf	
Nearest Police Station	fsdf		

Declaration & Authorization		
I hereby authorize GOLDQUEST GLOBAL HR SERVICES PRIVATE LIMITED 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 PRIVATE LIMITED 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 . .**		
Test applica		**Fri Jan 24 2025 11:21:10 GMT+0000 (Coordinated Universal Time)**
Full name of the candidate	**Signature**	**Date of form filled**