**Authorization form for conducting Bureau, Address and Educational Checks**

I Ashwini kurne hereby give my consent for Bureau, Address & Education check as  
  
 per the policy and authorize concerned authority to conduct the same.

My details required as follows *(Details with (\*) mark are to be mandatorily filled)*:

1. \*Full Name: Ashwini Narayan Kurne  
2. \*PAN Number: DSXPK7623F (copy of Pan Card as proof)

3. \*Date of Birth (DD/MM/YY): 01/10/1995

4. \*Residential address: (Current Address)

D-11/5 Saidham CHS Sector 48 Seawoods West Navi Mumbai

\*Pin 400706  
5. Residence Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Mobile: 9987056285

6. Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A/c no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. \*Permanent address:

D-11/5 Saidham CHS Sector 48 Seawoods West Navi Mumbai

\*Pin 400706

8 .Highest Qualification- BE Year of Completion- 2017

9. Name of the College/ Institute- MGM CET

10. Board/ University: Mumbai

11. Registration/ Roll Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby declare the information provided is true and I hereby authorize to verify all information provided by me. My empanelment is subject to satisfactory verification of the above information.

\*Date: 04/05/2020 \*Name: Ashwini kurne   
\*Signature :Ashwini \*Location: Navi Mumbai