



GUIDELINES TO FILL FORM

- Use black ink to fill the form
- Please write in block letters

Personal Details									
Full Name (as per govt id proof): DEEPAK KUMAR									
Date of Birth		18-12-1998							
Marital Status		SINGLE							
Spouse's Name(If Married)									
If spouse is working, please indicate the profession									
If spouse is working with CGI, please mention				PSA ID		Project Name			
Nationality: INDIAN									
Current Location		GOPALGANJ			Preferred Job location			BANGALORE	
Passport Details	Yes				Passport number	V2294453	Valid upto	26-08-2031	
PAN No: FXUPK6883D									
Contact Details									
Contact Number (Mobile)		7031115799			Contact Number (Landline)				
Email ID: 2DEEPAK0143@GMAIL.COM					Alternate Email ID: b170179@nitsikkim.ac.in				
Alternative Mobile Number (Family): 6205839480									
Alternative Mobile Number (Friends): 7362066681									

Academic Details (Please write in Block letters, please do not use short forms)				
Particulars	Class X	Class XII / PUC	Graduation/ Engineering	Post-Graduation
Name of the degree	SSC	HSC	B.Tech	
Specialization/ Stream	NA	PHYSICS,CHEMISTRY,MATHS (PCM)	ECE	
Name of the School/ College	IMPERIAL PUBLIC SCHOOL HATHWA GOPALGANJ	SRIKANT BABU BINDU SINGH SR SEC KUCHAIKOT GOPALGANJ	NIT SIKKIM	
Name of the University/Board	CBSE	BSEB	NIT SIKKIM	
Year of passing	2014	2016	2021	
Percentage/Class /CGPA	87.4	67	76.4	

Name of the candidate	DEEPAK KUMAR
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Additional Courses / Certifications (If Any)				
Certificate/Course Name	Specialization	College/Institution	Year of Passing	Percentage/Class
Gaps / Breaks in Education (If any)				
From Date	To Date	Degree / Course	Duration	Remarks / Reason for Gap
28-06-2016	28-06-2017	N.A	12 (MONTH)	PREPARING FOR COMPETITIVE EXAM(JEE)
Minimum time required to join (In Days)			45 DAYS	
Have you been interviewed by CGI in last 6 months				NO

Employment History (In Chronological Order)						
From Date	To Date	Duration (In Months)	Organization	Designation		
14-12-2021	N.A	7	COGNIZANT TECHNOLOGY SOLUTIONS	Programmer Analyst Trainee		
Gaps / Breaks in Career (If any)						
From Date	To Date	Duration (In Months)	Remarks / Reason for Gap			
Total Experience (in months)		7				
Relevant Experience (in Yrs)						

I hereby declare that all information furnished here are true and correct to the best of my knowledge and belief.

Date:  _____

Signature: _____

Ver 3.2