Candidate Declaration Form

Instructions: Please provide all the information requested in this form. Incomplete Candidate Declaration Forms (CDFs) will be returned. All supporting documents must accompany this form. Photocopies must be legible. We have included a checklist to assist you to complete your application comprehensively.

DEDCOMAL DETAILS			
Full Name (First Middle Last): CIANDHI.S. Fathers Name: SAMPATHKUMAR. K Date of birth (DD/MM/YY): 0.3/12/1989. Nationality INDIAN			
		Personal Mobile Number: 7305353050 Reside	nce Number: 9994962060
		Emergency Contact Name and Number: 7339681	3004 (Father/Mother/Spouse/Sibling/Friend)
		Passport Number: Date of issue:	Date of expiry:
PAN Card No. BNWP618634. Sate of Issue			
		Date of Name Change	
Current Address	Permanent Address		
Door No/Street: NO. 3, VENKATRAYA PILLA ST City: SHOLINGHUR, RANTPET DT State: TAMIL NADU Pin: 631102 Landmark: 2: (Landline)	Door No/Street: NO. 3, VENKATRAYA PILLAT ST City: SHOLINGIHUR, RANTPET DT State: TAMILNA DU Pin: 631102 Landmark:		
P.O.:	S: (Landline)		
P.S.: Period of Stay from 2004 To 2024	P.O.: P.S.:		
Is your residence your own or a rented place? Own	Period of Stay from 2004 To 2024		
If rented, please provide details of the Landlord Name and contact no.	Is your residence your own or a rented place? own if rented, please provide details of the Landlord Name and contact no.		

Note: Please attach legible photocopies of the following, relevant to the entries above

1. Last Paid Phone Bill/ Electricity Bill

- 2. Receipt of Last Rent Paid
- 3. Social Security Number or any other Country's issue of SSN/ Aadhar Card 4. Passport

Authorization/ Declaration and Undertaking

I agree to provide copies of all relevant certificates. I understand that employment with Do N key Deliveries is governed by their employment policies as applicable, including satisfactory information from background checks.

I hereby certify that all information provided herein, is true and complete to the best of my knowledge and belief. I authorize third party verification and its representative to authenticate information I have provided in my resume and this Candidate Declaration Form (CDF). To conduct enquiries as may be necessary at Do N key Deliveries 's discretion, I authorize all who may have information relevant to this enquiry to disclose it to third party and/or its representative. I release all concerned from any liability on account of such disclosures.

I also declare that the information provided by me in my resume and application for employment to Do N key Deliveries and its representative is authentic and I am liable for all inaccuracies and omissions.

I promise to extend total co-operation and provide relevant documents required.

Full Name of the Candidate: GANDHI, S

Place: SHOLINGHUR

Date: 11 - 05 - 2024

Signature of the Candidate









இந்திய அரசாங்கம்

Government of India

பதிவு அடையாளம் / Enrollment No.: 0651/10119/57427

To காந்கி ச Gandhi S C/O Sampathkumar 3 Venkatraya Pillai Street Sholinghur Sholinghur Sholingur Wallajah Vellore Tamil Nadu 631102 7305353050 7305353050 ME410081150FH



உங்கள் ஆதார் எண் / Your Aadhaar No. :

9210 3031 8391

எனது ஆதார், எனது அடையாளம்

தகவல்

- ஆதார் அடையாளத்திற்கான சான்று குடியுரிமைக்கு அல்ல
- அடையாள சான்றை இணையதளம் மூலம் உறுதிப்படுத்திக் கொள்ளவும் .

INFORMATION

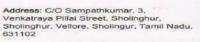
- Aadhaar is proof of identity, not of citizenship.
- To establish identity, authenticate online.
- ஆதார் நாடு முழுவதிலும் செல்லுபடியாகும்.
- வருங்காலத்தில் அரசு மற்றும் அரசு சாரா சேவைகளை பயன்படுத்திக் கொள்ள ஆதார் உதவிகரமாக இருக்கும்.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



Gandhi S பிறந்த நாள் / DOB : 03/12/1989 ஆண்பால் / Male



புத்தார் Unique Identification Authority of India முகவரி: co சம்பத்தமார், s, வெங்கட்ராய பிள்ளை தெரு, சோளிங்கர், கேமிழ் நாடு, 631102





9210 3031 8391

9210 3031 8391 எனது ஆதார், எனது அடையாளம்

·····>



help@udal

www