


**MAXWELL LOGISTICS PRIVATE LIMITED**

(An ISO 9001 : 2008 Certified Company)

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PERSONAL - DATA FORM

NAME : (In Block Letters) R. RAMESH KUMAR					
PRESENT ADDRESS 1/153, Perumal Koil St, Vilangadupakkam post, Dharkae, ch-52.				PERMANENT ADDRESS 1/153, Perumal Koil St, Vilangadupakkam post, Dharkae, ch-52	
Phone No. Off : Resi : Cell : 7358664596					
RESIDING SINCE : ACCOMMODATION : OWN <input type="checkbox"/> RENTAL <input type="checkbox"/>					
DATE OF BIRTH : 11-04-1990		AGE : 33		NATIVE PLACE : Dhargas	
RELIGION : Hindu MOTHER TONGUE : Tamil		MEDIUM OF EDUCATION IN		SCHOOL :	
CASTE : FORWARD <input type="checkbox"/> BACKWARD <input type="checkbox"/>				COLLEGE :	
FAMILY	NAME	AGE	OCCUPATION		
Father	D. Ravi Kumar	60	Mechanic		
Mother	R. Dhanalakshmi	49	House wife		
Brothers/ Sisters					
Husband/ Wife					
Children					
ACADEMIC RECORD (Begin with High School)					
Examination Passed	Year of Passing	Name & Location of Institution	Subjects	University	% of Marks
General	SSLC	2007	Govt ADW Boys School		72%
	HSC	2009	Govt ADW Boys School		54%
Professional	BE	2009 - 2013	Apollo Engg. College		Discontinued
TRAINING IN COMPUTERS AND OTHER SHORT TERM COURSES ATTENDED :					
Name of the Institution		From	To	Name of the Course	
WHAT ARE YOUR PLANS FOR FUTURE STUDY, IF ANY ?					
LANGUAGES KNOWN : INDICATE AS GOOD, FAIR, OR NIL					
LANGUAGES	ENGLISH	HINDI	TAMIL		
Speak	✓	✓	✓		
Read	✓		✓		
Write	✓		✓		

PREVIOUS EMPLOYMENT

Consider your promotions as a different job and also include period of unemployment

Period From-To	Name & Address of the Organisation	Designation at the time of Joining	Designation at the time of Leaving	Reported to (Design.)	Salary per month	Other Benefits/ Perks	Reasons for change
2009	Prince info park Airtel Dynatse						
2010	Ganesh Cartoons						
2012-15	Galaxy Engineering						
2015 - 2022	Jaipur Cordon Transport co. p ltd						

PRESENT EMPLOYMENT

Name & Address of the Employer		Date of Joining :	
		No. of subordinates (If Any)	
		Manager	Supervisors
		Others	
		Reporting to	
Designation at the time of joining		Name	
Present Designation		Designation	

SALARY DETAILS	Amount	PRESENT ORGANISATION CHART WITH JOB RESPONSIBILITIES & ACCOUNTABILITY (Draw a brief sketch indicating your position in relation to your department & overall organisation)
BASIC		
HRA		
OTHERS, IF ANY (Specify)		
PERKS (PF & OTHERS) IF ANY.		
TOTAL		

DO YOU HAVE A TWO WHEELER DRIVING LICENSE (YES / NO) : LICENSE NO (IF YES) : DO YOU OWN A TWO WHEELER (YES / NO) :	STATE YOUR EXTRA CURRICULAR ACTIVITIES IN SCHOOL / COLLEGE AND HOBBIES / SPECIAL INTERESTS.
INTRODUCER'S NAME : STATION :	

NAME OF YOUR RELATIVES IN OUR ORGANISATION ALONG WITH THEIR RELATIONSHIP WITH YOU :		
NAME	RELATIONSHIP	PLACE OF WORK

REFERENCES

(Give Names of Two persons, other than relatives, known to you for the last three years.)

Name	Occupation	Address	Nature of your Association

I declare that the particulars furnished by me to each of the foregoing are true and in case it is proved otherwise I shall be liable for dismissal.

PLACE _____ DATE _____ SIGNATURE _____

Enclosures : a) Attested / Xerox copies of your testimonials (Education & Service)

FOR OFFICE USE ONLY :



फॉर्म-2 (संशोधित)
FORM-2 (Revised)

घोषणा एवं नामांकन फॉर्म
NOMINATION AND DECLARATION FORM

छूट प्राप्त/अछूट प्राप्त स्थापनाओं के लिए
FOR UNEXEMPTED/EXEMPTED ESTABLISHMENTS

कर्मचारी भविष्य निधि एवं कर्मचारी पेंशन स्कीम के अन्तर्गत घोषणा एवं नामांकन फॉर्म

Declaration and Nomination Form under the Employees' Provident Funds & Employees' Pension Scheme

(कर्मचारी भविष्य निधि स्कीम 1952 के पैरा 33 और 61(1) एवं कर्मचारी पेंशन स्कीम 1995 का पैरा 18)

[Paragraph 33 & 61 (1) of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the Employees' Pension Scheme, 1995]

- 1 नाम (स्वच्छ शब्दों में)
Name (in Block Letters) : R. RAMESH KUMAR
- 2 पिता/पति का नाम
Name of the Parent/Spouse : D. Ravi Kumar
- 3 जन्म तिथि
Date of Birth : 11-04-1990
- 7 पता/Address : 1/153, Perumal Koil St,
Vilangodu Pakkam post,
Dharwad, Chennai-52
- 4 लिंग
Sex : Male
- अस्थायी
Temporary : 1/153, Perumal Koil St,
Vilangodu Pakkam post
Dharwad, Chennai-52.
- 5 वैवाहिक स्थिति
Marital Status : Single
- 8 भविष्य निधि खाता सं. आं.प्र./
P. F. Account No. : A.P./
8. Date of Joining
the Fund : _____

भाग-क (कर्मचारी भविष्य निधि) / PART-A (EPF)

एतद्वारा मैं व्यक्ति(यों) को नामित/रद्द करता हूँ और अपनी मृत्यु हो जाने की दशा में नीचे उल्लिखित व्यक्ति(यों) को अपने खाते में जमा कर्मचारी भविष्य निधि राशि प्राप्त करने के लिए नामित करता हूँ।

I hereby nominate the person(s)/cancel the nomination made by me previously and nominate the person(s), mentioned below to receive the amount standing to my credit in the Employees' Provident Fund, in the event of my death.

नामित / नामितों का नाम और पता Name & Address of the Nominee / Nominees	सदस्य के साथ नामित का संबंध Nominees' relationship with the Member	जन्म तिथि Date of Birth	कुल राशि अथवा भविष्य निधि राशि से प्रत्येक नामित को अदा किया जानेवाला भाग Total amount or share of accumu- lations in Provident Fund to be paid to each nominee.	यदि नामित नातालिंग है नाम और संबंध एवं उसके अभिभावक का पता जो नामित को छोटी आयु के दौरान पैसा प्राप्त करेगा। If the Nominee is a minor, name, relationship & Address of the guardian who may receive the Amount during the minority of nominee.
1	2	3	4	5
<u>R. Dhana lakshmi</u>	<u>Mother</u>	<u>02-03-1975</u>		

1 * प्रमाणित किया जाता है कि कर्मचारी भविष्य निधि स्कीम 1952 में परिभाषित 2(छ) के अनुसार मेरा कोई परिवार नहीं है और इसके परन्तुत यदि मेरा कोई परिवार होता है तो उपरोक्त नामांकन रद्द समझा जाए।

* Certified that I have no family as defined in para 2(g) of the Employees' Provident Fund Scheme, 1952 and should I acquire a family hereafter the above nomination should be declared as cancelled.

2 * प्रमाणित किया जाता है कि मेरे पिता/माता गुल पर आश्रित हैं।

* Certified that my father/mother is/are dependent upon me.

* जो लागू नहीं हैं उसे काट दें।

* Strike out whichever is not applicable.

R. R. 107 @

अभिदाता के हस्ताक्षर अथवा
अंगूठे का निशान

Signature or Thumb Impression
of the Subscriber

खण्ड-ख (ई.पी.एस.) (पैरा 18) / PART-B (EPS) (Para 18)

एतद्वारा मैं अपने परिवार के सदस्यों का विवरण प्रेषित कर रहा हूँ जो मेरी मृत्यु होने की दशा में विधवा/बालक पेंशन प्राप्त करने के पात्र होंगे।

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children pension in the event of my death.

क्र.सं. S.No.	परिवार के सदस्यों का नाम Name of the family members	पता Address	जन्म तिथि Date of Birth	सदस्य के साथ संबंध Relationship with Member
1.	D. Ravi Kumar	1/153, Perumal	8-9-1964	Father
2.	R. Dhana lakshmi	Kodi St, Vilangadupakkam Post, Chennai - 600 052.	2-3-1975	Mother

** प्रमाणित किया जाता है कि कर्मचारी पेंशन स्कीम 1995 में परिभाषित पैरा 2(7) के अनुसार मेरा कोई परिवार नहीं है और यदि इसके पश्चात मेरा कोई परिवार होता है तो मैं उपरोक्त फार्म में उनका ज्योरा प्रेषित करूँगा।

** Certified that I have no family, as defined in para 2(vii) of the Employees' Pension Scheme, 1995 and should I acquire a family hereafter I shall furnish particulars thereon in the above form.

मैं एतद्वारा अपनी मृत्यु होने की दशा में पैरा 16(2)(क)(1) और (11) के अधीन देय मासिक पेंशन देने के लिए नामित करता हूँ क्योंकि इनके अतिरिक्त पेंशन प्राप्त करने वाला परिवार का कोई सदस्य नहीं है।

I hereby nominate the following person for receiving the monthly pension (admissible under para 16(2)(a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

नामित का नाम और पता Name & Address of the nominee	जन्म तिथि Date of Birth	सदस्य के साथ संबंध Relationship with the member
R. Dhana lakshmi 1/153, Perumal Kodi St, Vilangadupakkam Post Dharmas, Chennai - 52	2-3-1975	Mother

दिनांक:

Date:

R. D. Verma @

** जो लागू नहीं उसे काट दें।

** Strike out which is not applicable.

अभिदाता के हस्ताक्षर अथवा अंगूठे का निशान
Signature or thumb impression of the subscriber

नियोक्ता द्वारा प्रमाण पत्र / CERTIFICATE BY EMPLOYER

प्रमाणित किया जाता है कि उपरोक्त घोषणा अथवा नामांकन को श्री/श्रीमती/कुमारी _____

ने जो मेरी स्थापना में कार्यरत हैं मेरे समक्ष हस्ताक्षर/अंगूठे का निशान लगाया है। उसने प्रविष्टियों को पढ़ा है। प्रविष्टियाँ उसके समक्ष मेरे द्वारा पढ़ी गईं और उसने उनकी पुष्टि की है।

Certified that the above declaration and nomination has been signed / thumb impressed before me by Shri/Smt./Kum. _____ employed in my establishment after ne/she has read the entries/entries have been read over to him/her by me and got confirmed by him/her.

स्थान:

Place:

दिनांक:

Date:

स्थापना के नियोक्ता अथवा अन्य प्राधिकृत अधिकारियों के हस्ताक्षर

Signature of the employer or other authorised Officers of the establishment

पदनाम:

Designation:

स्थापना फैक्टरी का नाम और पता अथवा उनकी रबड़ की मोहर

Name & Address of the Factory/Establishment or Rubber Stamp thereof.

ESI DETAILS					
		Name	Gender	D.O.B	Aadhar No
1	Name Of the Employee	R. Ramesh Kumar	M	11-4-1990	7927 4881 2716
	Father Name	D. Ravi Kumar	M	8-9-1964	6155 5047 9325
	Mother Name	R. Dhana Lakshmi	F	2-3-1975	2927 6846 5680
	Spouse Name				
	Child 1 Name				
	Child 2 Name				
	Phone Number	7358664596			
	Present & Permanent Address	1/153, Perumal Koil St, Vilangudupakkam post, Dharmas, Chennai - 600 052.			

ESI DETAILS					
		Name	Gender	D.O.B	Aadhar No
1	Name Of the Employee				
	Father Name				
	Mother Name				
	Spouse Name				
	Child 1 Name				
	Child 2 Name				
	Phone Number				
	Present & Permanent Address				

Form No. 11 (New)
Declaration Form

(To be retained by the Employer for future reference)

Employees' Provident Fund Organization

THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (PARAGRAPH-34 & 57)
&

THE EMPLOYEES' PENSION SCHEME, 1995 (PARAGRAPH-24)

DECLARATION BY A PERSON TAKING UP EMPLOYMENT IN AN ESTABLISHMENT ON WHICH EMPLOYEES' PROVIDENT FUND SCHEME, 1952 AND/OR EMPLOYEES' PENSION SCHEME, 1995 IS APPLICABLE.
(PLEASE GO THROUGH THE INSTRUCTIONS)

1) NAME (TITLE)

<input checked="" type="checkbox"/> MR.	<input type="checkbox"/> MS.	<input type="checkbox"/> MRS.
---	------------------------------	-------------------------------

(PLEASE TICK)

[illegible]

2) DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
1	1	0	4	1	9	9	0

3) FATHER'S/HUSBAND'S NAME ✓

MR.

D.	R	A	I	K	U	M	A	R
----	---	---	---	---	---	---	---	---

4) RELATIONSHIP IN RESPECT OF (3) ABOVE
(PLEASE TICK)

FATHER	HUSBAND
✓	

5) GENDER
(PLEASE TICK)

MALE	FEMALE	TRANSGENDER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6) MOBILE NUMBER
(If ANY)

7	3	5	8	6	6	4	5	9	6
---	---	---	---	---	---	---	---	---	---

7) EMAIL ID (IF ANY)

L	o	g	i	n	r	a	m	e	s	h	2	0	2
o	@	g	m	a	i	l	.	c	o	m			

8) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PROVIDENT FUND SCHEME, 1952?

(PLEASE TICK)

YES	NO <input checked="" type="checkbox"/>
-----	--

9) WHETHER EARLIER A MEMBER OF THE EMPLOYEES' PENSION SCHEME, 1995?

(PLEASE TICK)

YES	NO <input checked="" type="checkbox"/>
-----	--

IF RESPONSE TO ANY OR BOTH OF (8) & (9) ABOVE IS YES, THEN MANDATORILY FILL UP THE PREVIOUS EMPLOYMENT DETAILS AT (10,11&12):

A. PREVIOUS EMPLOYMENT DETAILS

10) THE DETAILS OF THE UNIVERSAL ACCOUNT NUMBER (UAN) OR PREVIOUS PF MEMBER ID:

UAN																				
OR																				
PREVIOUS PF MEMBER ID	REGION CODE				OFFICE CODE				ESTABLISHMENT ID				EXTENSION				ACCOUNT NUMBER			

11) DATE OF EXIT FOR PREVIOUS MEMBER ID (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y

12) (A) IF SCHEME CERTIFICATE ISSUED FOR PREVIOUS EMPLOYMENT, THEN SCHEME CERTIFICATE NUMBER: _____
(B) IF PENSION PAYMENT ORDER (PPO) ISSUED FOR PREVIOUS EMPLOYMENT, THEN PPO NUMBER: _____**B. OTHER DETAILS**13) INTERNATIONAL WORKER
(PLEASE TICK)

YES	NO

IF THE REPLY TO (13) ABOVE IS YES, THEN ENTER THE DETAILS IN 13(A), 13(B) & 13(C):

13(A) COUNTRY OF ORIGIN (Please Tick)

INDIA	OTHER THAN INDIA (IF YES, PLEASE MENTION NAME OF THE COUNTRY)

13(B) PASSPORT NUMBER

13(C) PASSPORT VALID FROM

D	D	M	M	Y	Y	Y	Y

To

D	D	M	M	Y	Y	Y	Y

14) EDUCATIONAL QUALIFICATION
(PLEASE TICK)

ILLITERATE	NON-MATRIC	MATRIC	SENIOR SECONDARY	GRADUATE	POST GRADUATE	DOCTOR	TECHNICAL/ PROFESSIONAL
		✓	✓				

15) MARITAL STATUS
(PLEASE TICK)

MARRIED	UNMARRIED	WIDOW/ WIDOWER	DIVORCEE
	✓		

16) SPECIALLY ABLED
(PLEASE TICK)

YES	NO
	✓

If YES, TICK THE CATEGORY

LOCOMOTIVE	VISUAL	HEARING

17) KYC DETAILS

KYC DOCUMENT TYPE	NAME AS ON KYC DOCUMENT	NUMBER	REMARKS, IF ANY
BANK ACCOUNT-1*	Ramesh kumar	05260100014650	
NPR/AADHAAR	Ramesh kumar	7927 4881 2716	
PERMANENT ACCOUNT NUMBER (PAN)	Ramesh kumar	DTOPR2775 D	
PASSPORT			
DRIVING LICENCE			
ELECTION CARD			
RATION CARD			
ESIC CARD			
* Mandatory Field (NOTE: BANK ACCOUNT NUMBER (ALONG WITH IFSC CODE) IS MANDATORY. YOU ARE HOWEVER ADVISED TO PROVIDE ALL KYC DOCUMENTS AVAILABLE WITH YOU IN ADDITION TO MANDATORY KYCS TO AVAIL BETTER SERVICES. SELF-ATTESTED PHOTOCOPIES OF THE DOCUMENTS MUST BE ATTACHED WITH THIS FORM.			

C. UNDERTAKING:

- A. I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
- B. IN CASE, EARLIER A MEMBER OF EPF SCHEME, 1952 AND/OR EPS, 1995,
- (i) I HAVE ENSURED THE CORRECTNESS OF MY UAN/ PREVIOUS PF MEMBER ID.
- (ii) THIS MAY ALSO BE TREATED AS MY REQUEST FOR TRANSFER OF FUNDS AND SERVICE DETAILS IF APPLICABLE FROM THE PREVIOUS ACCOUNT AS DECLARED ABOVE TO THE PRESENT P.F. ACCOUNT. (THE TRANSFER WOULD BE POSSIBLE ONLY IF THE IDENTIFIED KYC DETAILS APPROVED BY PREVIOUS EMPLOYER HAS BEEN VERIFIED BY PRESENT EMPLOYER USING HIS DIGITAL SIGNATURE CERTIFICATE).
- (III) I AM AWARE THAT I CAN SUBMIT MY NOMINATION FORM THROUGH UAN BASED MEMBER PORTAL.

DATE:

PLACE:

R. R. Urf.

SIGNATURE OF MEMBER

DECLARATION BY PRESENT EMPLOYER

- A. THE MEMBER Mr./Ms./Mrs. HAS JOINED ON AND HAS BEEN ALLOTTED PF MEMBER ID
- B. IN CASE THE PERSON WAS EARLIER NOT A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:
- (POST ALLOTMENT OF UAN) THE UAN ALLOTTED FOR THE MEMBER IS
 - PLEASE TICK THE APPROPRIATE OPTION:
THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE
☐ HAVE NOT BEEN UPLOADED
☐ HAVE BEEN UPLOADED BUT NOT APPROVED
☐ HAVE BEEN UPLOADED AND APPROVED WITH DSC
- C. IN CASE THE PERSON WAS EARLIER A MEMBER OF EPF SCHEME, 1952 AND EPS, 1995:
- THE ABOVE MEMBER ID OF THE MEMBER AS MENTIONED IN (A) ABOVE HAS BEEN TAGGED WITH HIS/HER UAN/PREVIOUS MEMBER ID AS DECLARED BY MEMBER.
 - PLEASE TICK THE APPROPRIATE OPTION:-
☐ THE KYC DETAILS OF THE ABOVE MEMBER IN THE UAN DATABASE HAVE BEEN APPROVED WITH DIGITAL SIGNATURE CERTIFICATE AND TRANSFER REQUEST HAS BEEN GENERATED ON PORTAL.
☐ AS THE DSC OF ESTABLISHMENT ARE NOT REGISTERED WITH EPFO, THE MEMBER HAS BEEN INFORMED TO FILE PHYSICAL CLAIM (FORM-13) FOR TRANSFER OF FUNDS FROM HIS PREVIOUS ESTABLISHMENT.

DATE:

SIGNATURE OF EMPLOYER WITH SEAL OF ESTABLISHMENT

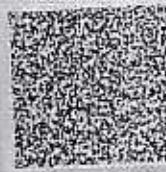
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
DTOPR2775D



नाम / Name
RAMESH KUMAR RAVI KUMAR

पिता का नाम / Father's Name
RAVI KUMAR

जन्म की तारीख /
Date of Birth
11/04/1990

हस्ताक्षर / Signature

24092018



बैंक ऑफ बड़ौदा
Bank of Baroda
India's International Bank

Page No.
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याद रखें / Remember:

- आपके खाते में नवीनतम केवाईसी, नामांकन, मोबाइल नंबर एवं ई-मेल आईडी अद्यतन होने चाहिए।
Your account should be updated with your latest KYC, Nomination, Mobile number & Email ID
- अपनी पासबुक को सावधानी पूर्वक रखें, अपनी पासबुक पर हस्ताक्षर न करें, पासबुक को नियमित रूप से अद्यतन करें, किसी भी प्रकार की विवेकता होने की सूचना तत्काल बैंक जानी चाहिए।
Preserve your passbook carefully. Do not put your signature on passbook. Get passbook updated regularly. Any discrepancy should be notified immediately
- कृपया अपनी व्यक्तिगत जानकारी, प्रमोवाइ आईडी, पिन, पासवर्ड, सीबीडी संख्या किसी को न बताएं, कॉल या ई-मेल के माध्यम से इस प्रकार की जानकारी संप्रेषित करने पर शाखा को सूचित किया जाना चाहिए।
Please do not give your personal information, user IDs, Pins, Password, CVV number to anyone. Any calls or emails requesting for such information should be notified to the branch.
- खाते के लिए पहली पासबुक नि:शुल्क होती है, शुल्क का भुगतान किए जाने पर दुप्लीकेट पासबुक उपलब्ध करवाई जाएगी।
First passbook in account is free. Duplicate passbook may be provided on payment of fee.
- प्रत्येक अर्द्ध वर्ष में 50 डेबिट (स्थायी अनुदेशों, वैकल्पिक डिलिवरी चैनलों, सेवा प्रभावों से संबंधित प्रविष्टियों को छोड़कर) की अनुमति होती है, 50 प्रविष्टियों से अधिक लेन देन होने पर प्रचार लगाया जाएगा।
50 debits (excluding Standing instruction, Alternate Delivery Channels, related to service charges) per half year is permitted
Transaction exceeding above 50 will be charged.
- खाते की गणना दैनिक आधार पर की जाती है और तिमाही की समाप्ति के 15 दिनों के भीतर खाते में जमा किया जाएगा।
Interest is calculated on daily basis and credited to accounts within 15 days of end of quarter.

Branch Name	: EC STREET, CHENNAI	Phone	: 44-23454259, 23454261
Branch Address	: P B NO 2004		
	: NO 144 MOORE STREET CHENNAI TAMIL NADU INDIA		
Branch Email ID	: ecstre@bankofbaroda.com		
MICR Code	: 600012006	IFSC	: BARBOECSTRE [Fifth character is zero]
Customer ID	: 88AVU2072	PPD NO	: NA
Account Number	: 05260100014650	A/c Opening Date	: 05-02-2020
Account Name	: RAMESHKUMAR RAVIKUMAR		
Address	: JAIPUR GOLDEN TRANSPORT CO PUT LTD		
	: NO.162 THAMBU CHETTY STREET CHENNAI		
	: CHENNAI TN 600001		
Nominee Name	: RAVIKUMAR		



இந்திய அரசாங்கம்
Government of India


ரமேஷ்குமார் ரவிக்குமார்
Rameshkumar Ravikumar
தந்தை ரவிக்குமார்
Father: Ravikumar

பிறந்த நாள் DOB: 11/04/1990
ஆண்மை: Male

7927 4881 2716


ஆதார் - சாதாரண மனிதனின் அதிகாரம்



இந்திய அடையாளம் அமைப்பு அதிகாரம்
Unique Identification Authority of India


முகவர்: ரமேஷ்குமார் ரவி
பெருமலை கோவில் தெரு திவர்காசு
கிராமம்: விலங்கடூபக்கம் அல்லாபு
மாவட்டம்: விருதுநகரம்
விலங்கடூபக்கம் திருவல்லூர்
தமிழ் நாடு: 600062

Address: S/O: Ravikumar,
1/153, PERUMAL KOIL
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