Affix recent passport size photograph

**BASIC INFORMATION SHEET**



Please complete the form in your own handwriting

**Name As Per Aadhar Card\***:

\*

(IN Block Letters)

(First Name)

(Middle Name)

(Last Name)

RUTUJA SIDDHESH SOGAM

**Date Of Birth\*:** \_ \_03/10/1994 \_

**Mandatory Field :**Name of Bank\* : Axis Bank A/C No 918010094948650 Bank Branch:\* Worli IFSC Code\*: UTIB0000653 PANNO.\*\_BLYPG3527J Aadhar CardNo.\* 746473898652 Aadhar Card Name\*: Rutuja Siddhesh Sogam\_ \_

# PERSONAL DETAILS:

Father’s Name\*Mohan Pandurang Gopane Father’s DOB\*:04/10/1970

Mother’s Name\*Sulbha Mohan Gopane Mother’s DOB\*:15/07/1973

Present Address \* : A/1506, Sai Milan CHS, Ganpatrao Kadam Marg, Opposite J.C. Hospital, Worli, Mumbai-400018

Mob.No. Alternate No:

Permanent Address\*:A/1506, Sai Milan CHS, Ganpatrao Kadam Marg, Opposite J.C. Hospital, Worli, Mumbai-400018

Tel: Resi. Email ID\*:rutujagopane3@gmail.com

Gender\*:Female Blood Group \*: O+ Height 162 Weight:62

Marital Status:Married (Married /Single) No. of children: 1

**If Married, Wife/Husband**

Spouse Name: Siddhesh Dattaram Sogam

Age:30

DOB:17/03/1994

# Child Name: Shreeyansh Rutuja Siddhesh Sogam Age:2yrs 10months DOB:23/07/2021

Child Name: Age: DOB:

**EDUCATION QUALIFICATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of School& College** | **Board** | **Course Type** | **From to Year** | **Div/Marks/CGPA/%** |
| MJPK School | State Board | SSC | 2009-2010 | 68% |
| HMN College of H.Sci | State Board | HSC | 2012-2014 | 54% |
| BMN college of H.Sci | SNDT University | BCA | 2014-2018 | 50% |
| **Other Qualifications:** |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WORK EXPERIENCE:** | | | | | | |
| **Employers Name**  **& Address** | **Contact No.** | **Employed From**  **– To** | **Salary** | **Reason for**  **Leaving** | **Designation&**  **Nature of Job** |  |
| Benchmark Computer Solutions Ltd |  | Nov 2022-Oct 2023 | 2LPA |  | Software Developer |
| Jupiter Infomedia Pvt Ltd  CMS Computers Pvt Ltd   |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | | Siddhesh Dattaram Sogam | Spouse | 9029327581 | |  | Jan 2022- Nov 2022  July 2018-June 2022 | 1.5LPA  1.3LPA |  | Software Developer  Back Office Excecutive |
|  | | | | | | |
| **EMERGENCYCONTACT\*: (FAMILYONLY)**  **Person Name Relationship Contact Number** | | | | | | |
| **NOMINEES DETAILS\* : (FAMILY ONLY)**  Nominees Name:\*Siddhesh Dattaram Sogam Relationship:9029327581 | | | | | | |
| **PREVIOUS EMPLOYEMENT STATUTORY DETAILS:**  UANNO\*.101331658164 ESICNO\*. | | | | | | |
| **REFERENCE DETAILS (NOT RELATIVES):**  **Name Address Occupation Relation Contact No.** | | | | | | |

|  |
| --- |
| **HOBBY/ INTEREST:**  **Literary/Cultural/Art Sports Hobbies** |
| Are you related to any of our employee? Yes / No, If Yes, Relationship: No  Have you been involved in any court proceedings? No  Do you have Membership of Union or Interest in Politics? No  If yes please give details separately in remark column below: Have you ever suffered from any contagious diseases? : No  If yes give details: |
| I hereby declare that to the best my knowledge the above particulars are true and correct. In case any particular is found to be incorrect I agree to relinquish my employment without demand of any compensation.  I hereby nominate Smt Rutuja Siddhesh Sogam W/0 Siddhesh Dattaram Sogam to collect all dues in case of my death.  Place Mumbai  Date 15/06/2024 Signature\*: Rutuja S. Sogam |

**FOR OFFICAL USE\***

# By Office in-charge(Activity Manager)

Date of Joining:\* (dd/mm/yy)

Client Name: Client Activity: \_ Band &Grade:

HR Designation: OPS Designation:

SUB-Location: Branch:

P&L Cost Center: Type of Employment: Vertical:

On Biometric/Non Biometric:

HR Spoc Name: Reporting Manager/TL Name:

DCH’s Name:\* VH’s Name:\*

PMS BSC

Not Applicable

PMT Authority Manager:

TYPEOFCATEGOGRY\*: (Salaried/Professional) GROSS Pay(PM): NET Pay(PM): CTC(PM):

# By HO HR & ADMIN

Kit Recd Date\*: ( dd/mm/yyyy) EMP CODE (New Joinee)

Verified and updated by\*:\_ (name &code) APPROVED and Authorized by: NAME\*: EMP CODE\*:

SIGN\*:

**NOTE:** Attach copies of the certificates & Testimonials.

**ID CARD FORM**

Name:

Photo

(Passport Size)

ID#

Unit/Dept.:

Name:

DOJ:

Emp. ID:

Address:

City:

Pin Code:

**Contact Details:**

Mobile No:

Emergency No:

Blood Group:

DOB:

Sign:

Date: