### **Basic Information Sheet**



ase complete the form in your own handwriting

	<del>и вавн</del> Т	RIPATHE	SAURA	ВH		_ /		<u></u>
(IN Block Letters) (Sur	name)	(I	First Name)					
Mandatory Field: Nam								
PAN	# <u>BAKPT5</u>	666E	Aadhaar Ca	ard N	o. <u>46</u>	6466	480	<i>58.9</i> '
Father's Name * :	Қат кито	m Trupoth				DO	B: <u>26</u>	- 04 - <b>2993</b>
Present Address * :								
								\$3858132A?
Permanent Address: _K	യപ്പാന്വ	Bazhelan	satnal	m:p	<u>ر</u>	••••	<b>.</b>	
 Height: <u> </u>		Tel: Re	esi		— Ema Δ→	ail ID <u> </u>	ja kod le	ni 630-st @gmallo
							_ Sex :	(M/F)
Marital Status:simple							المصم ما	ataila aa balaw
If Married, Wife Name:								
Name:		Age: _	<u> </u>	ame:		NA	<del> </del>	Age: 707
		n From	- to Year	Dis./M	larks)	Lang. K		Copies Attached
N¹ame of College/Institute	(With Certifica		- to rear	DIVA	nai koj	Lally. n	alowii	Copies Attacheu
1. S.S.M. M. Rompur	10th	2008	3	75	<del>/.</del>	Him		
2. S.S.V M, Rompur	13 44	300₹ \$00₹	o		9 1/. HIM		-	
3. A.P.S University Professional Qualification. Reco.	B. Co.	W 11-30T	3	69	1.66 /·	Hia		
1 MCV. Bhopau	P.G.D.	CA 2014		66.	90%	Hono		レー
EMPLOYEMENT DETAILS		·			<del></del>			
Employers Name &	Contact No.	Employed Fro	om – Sala	ry	Reaso	n for	Desig	nation & Nature of Job
Address		То			Leavin	g		
NA	NA	NA	Λ	A	^	JA		NA
	-					<del> </del>	<u> </u>	
HOBBY / INTEREST								
Literary / Cultural / Art	Sp	orts			Hobbies			
Paintme		Badmintu	M		Rea	ding	Bool.	Ustring music
REFERENCE DETAILS ( NO	OT RELATIVES	3)						
NAME	ADDRESS		OCCUPATI	ON	RELATIO	N CC	ONTACT	NUMBER
Lalesh, Regal	Nehou 1	Valgara Frakase	Joh		Buenc	1 3	9630,	265572
Lalesh, Pajail Rajeel Rajail		Das Indos	Joh		Sièno	1 7.	9873	48512

PAMAC FINSERVE PVT. LTD.

Version from June '2012.

Are you related to any of our employee?	:	Yes / Ŋó, If Yes, Relationship:
Have you been involved in any court proceedings?	:	Yes / No
Do you have Membership of Union or Interest in Politics?		Yes / No
If yes please give details separately in remark column belo Have you ever suffered from any contagious diseases?	ow:	Yes / No
If yes give details	:	1657140
PAMAC		
particular is found to be incorrect I agree to relind I hereby nominate Shri / Smt / Kum to co  Place	uish my e	es in case of my death.
Date 28-01-2017		Signature : Strubothi
Fo	or official	use <sup>·</sup>
By Office in-cl	harge (A	ctivity Manager)
Date of Joining : 30 1 (20) dd/mm/yyyy)	_	to
Designation: OPS Reviewe		OUNCE. CPA
		Draduati Ontail
		Product': Retall
TYPE OF CATEGORY : PSTOBELSIONALSA	laried / Pro	fessional)
MONTHLY REIMUNERATION *:		
BASIC: 2500 HRA:SP. ALL	-OW:	· · · · · · · · · · · · · · · · · · ·
(In words Tues thousand	<u> </u>	five hundred
COMPANY CODE : PAMAC AP	PROVAL M	IAIL DATE 30 N 2017
APPROVED BY* : Rajesh Agrau	ial	(Name) (Sign)
( Details of Activity Manager): EMP CODE: PLOOLS		
	ster HR 8	
(Details of Cluster HR - Manager): EMPCODE*:		
(Details of Cluster FIX - IManager). LIVIT CODE ,		NAME:
Ву Н	0 HR & /	ADMIN
Kit Recd Date*:(	dd/mm/yyyy)	EMP CODE (New Joinee):
Verified and updated by *:		( name & code)
APPROVED and Authorised by : NAME*:		EMP CODE *:
SIGN*:		
NOTE: Attach copies	s of the certi	ficates & Testimonials.

#### PAMAC New Joinee document checklist

Name:	:
-------	---

DOJ:

Approval Ref. No.:

<b>Documents</b> ( Need to verify against of	originals with Signature )	( Please tick below )
<ul> <li>Basic Information Sheet (BIS) duly fi</li> <li>Proof of Residential Address</li> </ul>	illed in	YES YES
(copy of passport/driving license/ra	tion card/Voter's ID)	1230
<ul> <li>Proof of Date of Birth</li> </ul>	•	YES
(copy of passport/driving license/Vo	ter's ID/ SSC Certificate)	_
<ul> <li>Copies of Educational Certificates</li> </ul>		YES
<ul><li>◆ Copy of PAN Card,</li></ul>		₩YES / P
<ul> <li>Three passport size photographs</li> </ul>		<b>∠YES</b>
<ul> <li>Name, Designation, Contact Nos. &amp; (other than from relatives)</li> </ul>	Address details of two ref	ferences YES
◆ Copy of Relieving letter or copy of A	Acceptance of resignation	letter from
last employer.	· ·	Y/P/NA
<ul> <li>Copy of Experience certificates or c</li> </ul>	opies of Appointment let	ters of
previous employers		Y/P/NA
<ul> <li>◆ Copy of latest pay slip &amp; increment</li> </ul>	/ offer letter	Y / P / NA -
<ul> <li>Blood Group details with proof.</li> </ul>		✓Y / P
<ul> <li>Medical Fitness Certificate</li> </ul>		. Y /(P)
Copy of Aadhar card		XIP

Below documents are pending & will be summitted soon

Documen	t	
---------	---	--

**Expected date of submission** 

PAN card **Aadhar Card** Previous work Exp. Documents Medical fitness Certificate

Approved for above pending documents.

Name & Sign.of Br.Mgr.

PAMAC HR & Admin Unit

Date:

medical Certificate + 4/02/2017 Ru - Done. mou )



Operations Assessmen	nt Sheet			
Candidate's Name: Saurav tripathe	6			
Process Evaluated for: OPS. Reviewler				
Rating Scale: 1 [Below Average], 2 [Average], 3 [Good], 4 [	Exceptional]			
Parameters		Rating	Scale	
raidilleters	1	2	3	4
1. Communication Skills			V	
2. Functional Knowledge			V	
3. Trainability			1	
4. Stability			1	
5. Cultural Fitment			V	
6. Geographic Specification			~	
[To be filled for TL& above ]		-		
7. Team Management			~	
8. Client Management				
9. Business Orientation				
Total Score[out of 24 or 36]				
Offer Recommended [ Y Reject [ ]		-		
Salary Recommended				
Remarks[Mandatory for Reject & On Hold]				
		L	•	
	(Q)	x846	7	
Ops Interviewer Name: Rehnuma Khan Date: # 47/1/2017	Signature:			

NAME ID # UNIT / Loc		
ONT 7 LOC		
Name	SAURABH TOIPATHE	
DOJ	30/1 8017	
ID#		
ADD1	stocct No. 8 Nonda Magan Indoor	
ADD2		- Line
ADD3	m·p	
CITY	Indooc	
PIN	452004	
Tele #		<del></del>
Mob #	8982817545	7
DOB	26/ Apal / <b>193</b>	Shubathe
Blood Grp		Sign

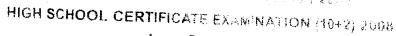
If any changes or blank field in the above details, pls provide the correct & complete details ( $\underline{\sf USE\ CAPITAL\ LETTER\ ONLY}$ )

Name	SAURABH TRIPATHI	
DOJ	30/1/2017	_
ID#		
ADD1	stoect No.8	7.11
ADD2	Nonda Napar Indore	
ADD3	madhya paadesh	
CITY	mobile	
PIN	45200±	
Tele #		
DOB	26-04- <b>2</b> 93	
Blood Grp	_ <del>\</del>	

# माध्यमिक शिक्षा मण्डल, वस्यप्रदश,

BOARD OF SECONDARY EDUCATION, MADRIES PRACTICES

हाई स्कृत सर्टिकिकेट व्यक्ति १५०१२ २०००



अंक, पश्ची

MARCH - 2008

MARKSHEET

\*\* 82**1147**6

केट क्रमाक CENTRE NO.

With Burn SCHOOL NO.

भागांच न - प्रवासन क्रांगक ENROLMENT PREGISTRATION NUMBER

The first seminary) Ethilian are FRIVATE

311074

312187

A06-312187-084

REGULAR

183125543

छात्र: छात्रा का नाम

STUDENT'S NAME

SAURABH TRIPATHI

पिता का नाम

FATHER'S NAME

RAJ KUMAR TRIPATHI

माता का नाम

MOTHER'S NAME

**UMA TRIPATHI** 

जन्मतिथि

DATE OF BIRTH

26.04.1993 TWENTYSIXTH APRIL -NINETEEN NINETY THREE

\*\* संस्था केन्द्र का नाम

SCHOOL / CENTRE NAME

SARASWATI VIDHIYA MANDIR HIGH SCHOOL, RAMPUR BAGELAN SATNA

ND TOTAL IN WORDS THREE HUNDRED SE	EVEI	NTY T	W	0			•			
योग शब्दों में		500	:				ND FOTAL		372	
and the second s				33			067	•	067	
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SCIENCE		100		25	00		062	-	062	
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SANOTHIT (GENERAL)		50		17			040	-	040	DISTN
SANSKRIT (GENERAL)		50		17			037	-	037	DISTN
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विषय / SUBJECTS		- €5-54 - <del>SA</del> - MAX		erit.				PERMIT !	भारत कुल	iayn.

महायं

GRAN

परीक्षाफल / RESULT

PASS IN FIRST DIVISION

हवाल नियमित छात्र / छात्रा के लिए For Regular Students only न्नोकित आंतरिक विषयों में निपुणता प्राप्त को tained Proficiency in the following internal subjects ) समाजीपयोगी उत्पादक कार्य Socially Useful Productive Work ) शारीरिक एवं नैतिक शिक्षा Physical and Moral Education

वार्य के स्थाही से हस्ताक्षर एवं पद मुद्रा AL AND SIGNATURE OF THE PRINCIPAL

सचिव / SECRETARY

#### माध्यमिक शिक्षा मण्डल, मध्यप्रदेश,भोपाल BOARD OF SECONDARY EDUCATION, MADHYA PRADESH, BHOPAL

हायर सेकण्डरी स्कूल सर्टिफिकेट परीक्षा (10+2) 2010

## HIGHER SECONDARY SCHOOL CERTIFICATE EXAMINATION, 2010

अंकसूची

0156501

MARCH-APRIL - 2010

MARKSHEET

CNO.

केन्द्र क्रमांक CENTRE NO.

संस्था क्रमांक SCHOOL NO.

नामांकन , पंजीयन ब्रमांक **ENROLMENT / REGISTRATION** NUMBER

ियमित/स्वाध्यायी REGULAR / PRIVATE

रोल नंबर **ROLL NUMBER** 

312187

312187

A06-312187-084

REGULAR

203127687

छात्र/ छात्रा का नाम

STUDENT'S NAME

SAURABH TRIPATHI

पिता/पति का नाम

FATHER'S / HUSBAND'S NAME

**RAJ KUMAR TRIPATHI** 

माता का नाम

MOTHER'S NAME

**UMA TRIPATHI** 

जन्म तिथि

DATE OF BIRTH

26.04.1993 TWENTYSIXTH APRIL -NINETEEN NINETY THREE

\*\* संस्था/केन्द्र का नाम

SCHOOL/CENTRE NAME

SARASWATI VIDHYA MANDIR H.S.SCHOOL, RAMPUR BAGHELAN, SATNA

	अधिकत≖	-यूनतम	न्यून्तम प्रायागिक	प्राप्तांक	/ MARKS OB	TAINED	विशेष
विषय / SUBJECTS	新 MAX MARKS	संद्धातिक MIN. THEO.	MIN. PRACT.	सैद्धांतिक THEORY	प्रायोगिक PRACT.	योग TOTAL	REMARK
HINDI (SPECIAL)	100	33	-	075		075	DISTN
ENGLISH (GENERAL)	100	33	<del>-</del>	042	-	042	
BUSINESS STUDIES	100	33	-	075	-	075	DISTN
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	500	<u>н</u>	हायोग् / GF	RAND TO	TAL	314	
महायोग शब्दों में GRAND TOTAL IN WORDS : THRE	E HUNDRED	FOURTE	EN***	THE STATE OF	e e decembra e e e e e e e e e e e e e e e e e e e	a s e <del>stationa</del> s estantes benedit la rivers (il	ya dhaabaa aha, k ka waxa ahay aha, ahaa ah
परीक्षाफल / RESULT	RST DIVISION	eren in the	The second second second second second	energy of the second of the second	tra i como em los como embromo entre (	em die een van Salamaan geleeks soon van vir ge	
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पर्यावरण शिक्षा एवं आपदा प्रबंधन

Environmental Education & Disaster Management A

GRADE

( केवल नियमित परीक्षार्थियों के लिए For Regular Candidates only)

िनमांकित आंतरिक विवयों में निपुणता प्राप्त की :-Attained Proficiency in the following Internal subjects :-(1)समाजोपयोगा उत्पादक कार्य Socially Useful Productive work

प्राचार्य के स्याही से हस्ताक्षर एवं पद गुटा SEAL AND SIGNATURE OF THE PRI

26<sub>2</sub>05-2010

नदार अधि**रदा** 

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सचिव / SECRETARY

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## HOME THE PARTIES OF THE SINGH

GOVT. (AUTONOMOUS) P.G. COLLEGE, SATNA (M.P.)

Affiliated to A.P.S. University Rewa (M.P.)

Statement of Marks



S.No: 125896

B.Com. (Semester-VI)

JUNE-2013 (REGULAR)

Roll No.: 101182 Enroll. No.: C-10-810

Status : REGULAR

Name: Saurabh Tripathi

Father: Shri Raj Kumar Tripathi

Mother: Smt. Uma Tripathi

<del></del>	<del></del>														
Subject & Paper Name	ļ		Maxi				Mi	Minimum			m Marks Obtained				
	1.	Theo	•	Total	CCE	PR	TH	CCE	PR		Theo		CCE		Total
												III			· ccar
Foundation Course	35	35	25	95	30	25	32	10	9	19	09	16	21	16	81
Account	35	35		70	30		24	10		21	12		23		56
Management	35	35		70	30		24	10		18	21		21		60
Computer Application	35	50	<del></del> -	85	15	50	28	5	17	13	43		11	37	104
Project				50	·		17								37
Grand Total	1				5/	50				<del></del>		·			
									- 1						338

		T	T	T		·····	
	Sem-I	Sem-II	Sem-III	Sem-IV	Sem-V	Sem-VI	Grand Total
Out of	550	550	550	550	600	550	
Obtained	323	319	352	207			3350
B.4 - 1 - 1 - 1 - 1 - 1	<u> </u>	0,0	332	327	409	338	2068

Marks in Words: Two Thousand Sixty-Eight

Result:PASS

Division:First

Abbreviation used: A = Absent, C = Paper Cancelled, WH = Withheld.

Registrar & (Exam ) A.P.S. University, Rewa

Date of Issue

Chacked by

Checked by

Controller Govt. (Auto.) P.G. College, Satna

Chief Controller

Chief Controller Govt. (Auto.) P.G. College, Satna

Spriporta



687156

SER.NO.: 651037

### POST GRADUATE DIPLOMA IN COMPUTER APPLICATIONS (P.G.D.C.A) II-SEM

DEC 2014 - JAN 2015 [CONSOLIDATED]

ROLLNO.: 488569

NAME: SAURABH TRIPATHI

FATHER'S NAME:

RAJ KUMAR TRIPATHI

MOTHER'S NAME:

UMA TRIPATHI

**ENROLLMENT NO:** STUDY CENTRE: 7240-ICCI COMPUTER ACADEMY, BHOPAL

14W167240065

REGULAR

EXAM CENTRE:

272-SAM COLLEGE OF ENGINEERING & TECH, ADAMPUR CHAWNI

GRAM KOLUA RAISEN ROAD BHOPAL (M.P), BHOPAL

#### SUBJECTS

		TH	PR	INT	TH	PR	INT	TH	PR	INT	TOT
7709 -	SYSTEM ANALYSIS AND DESIGN	032		008	080	- • •	020		rk		TOT
7710 -	PROGRAMMING WITH VISUAL BASIC.NET	032	040				020	043		019	062
		U3Z	010	800	080	025	020	041	022	018	081
//11 -	INTERNET & E-COMMERCE	032		800	080		020	040		018	050
7713 -	ELECTIVE-I(FINANCIAL ACCOUNTING WITH	032	010	000						VIO	058
	TALLY.)	032	010	800	080	025	020	054	024	019	097
7714 -	PROJECT WORK.	040				100		092			
											092

FIRST	SECOND	****	***	****	****	GRAND TOTAL	550	390
279	390	****	***	****	****	669		
450	550	***	****	****	***	1000	PASS	FIRST 66.90%



adjusted to marks reticies marks carned havetica ar previous exam.

MARHADIAL CHARLAGED A LETTER UNE FRONTY OF JOURNALISM & COMMULED MICH, CHOPAL

Controller of Examination

09-May-2015







Saurabh Tripathi Year of Birth: 1993

Male.



4664 6648 0689

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण Unique demilication Authority of India

Address: S/O: Rajkumar Tripathi, WARD no. 13, rampur baghelan, Rampur-Baghelan, Satna, Rampur Baghelan, Madhya Pradesh, 485115

4664 6648 0689







Startata

आयकर विभाग

INCOME TAX DEPARTMENT

SAURABH TRIPATHI

RAJKUMAR TRIPATHI

26/04/1993

Permanent Account Number

BAKPT5666E



भारत सरकार GOVT. OF INDIA





# PAMAC FINSERVE PVT LTD. PAMAC - TELE VERIFICATION FORM

Date of Amendment: 30/1/2017



(First 3 details need to be filled in before FE goes on Field)

Name of the PAMACian: Sausav Tsi Pathi

8982817545

Employee Code No. :-

Mobile:-

Address of the PAMACian on record : Street NO. 8 Nanda Hallar.

City- Indore Pin Code- 452011

Met / Spoke to applicant at Residence :- YES / NO

Residing Since :- 5 Month

Ownership of Residence :- Rented/Parents owned/Paying guest/Shared Accommodation

Landline: Indore.

Type of Residence :- Hut / Chawl / Flat / Bungalow/ independent house

Traceability of Residence Location :- Easy / Difficult / Untraceable

Ration Card available for same address: - YES / NO

Met spoke to (full name) at time of visit: -

Relation with PAMACian :-

Confirmation from Neighbor :-

PAMAC Remark :- Positive / Negative

Any other Observations :

Residence verified by: Auch Meiniu Empl. PSS !!! (Name & Signature)