Basic Information Sheet



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Please complete the form in you Name : PA		MA	YA		WATI	
(IN Block Letters) (Sur		(Firs	st Name)		(Middle Nan	ne)
Mandatory Field : Nam	ne of Bank '	SBI		A/C No	2028	1801012
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Father's Name : _A	L. PAT	EL			OOB: 10 ·	05-1992
Present Address : H	· NO. 9 P	HE WAT	ERTAN	14 CAM	npus J	AWAHAR CHOWL
					Mob :	7415283043
Permanent Address: _S	The state of the s				Maugi	137 0 gmail.
Height: 5'S	Weight:	161. Resi	Blood Group ':	A+	Sex:	(M/F)
Height: 5'S Marital Status: Sing	le (M	arried / Single) NO. 0	f children:	MA	Selaa	
If Married, Wife Name:	NA		A	ge: NA. (Children det	ails as below
Name:	NA	Age:	Name:	N	A	Age: NA
EDUCATION QUALIFICATI						
N¹ame of College/Institute	Examination (With Certifical		o Year Div/I	Marks) Lan	g. Known	Copies Attached
1. JNCT		ion 2010- 2	0014 IS	t ur	NOI	Yes
2. KASTURBB H.S	12 th	2010		_ ' ' '	High party	yes
3. HILS VIHAR Professional Qualification.	10th	2008	7 51	100	GLISH	yes
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EMPLOYEMENT DETAILS						
Employers Name &	Contact No.	Employed From	- Salary	Reason for	Designa	ation & Nature of Job
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PAMAC FINSERVE PVT. LT	TD.			Ve	rsion from Jur	ne '2012

The product is any court proceedings? Yes / No Yes / N	Are you related to any of our employee?	Yes / No, If Yes, Relationship:	and the same
per please give details separately in remark column below: are you ever suffered from any contagious diseases? PAMAC hereby declare that to the best my knowledge the above particulars are true and correct. In case any articular is found to be incorrect I agree to relinquish my employment without demand of any compensation. hereby nominate Shri / Smt / Kum MAHA MATT PATEL SIO, W/O. ALPATEL SIO, W/O. ALPATEL SIO, W/O. BY OFFICIAL Is a considered from any contagious diseases? For official use in case of my death. Signature: For official use in case of my death. Signature: For official use in case of my death. Signature: For official use in case of my death. Signature: FOR OFFICIAL IS in the contagion of the contagion	Have you been involved in any court proceedings?	Yes / No	
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PAMAC PROVAL MAIL DATE PAMAC PAMAC	If yes please give details separately in remark column below:		40
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By Office in-charge (Activity Manager) Pate of Joining: CGO3 30 day Designation: Reviewer Unit: FCFA Dient: HDFC Bank Product: CFA Rotal Product: GROSS Amount (PM): 7500 In words: Seven Should African Activity Manager Company Code: PAMAC Approval Mall Date: 06 03 2017 Provoed By: Maulik Transpar, (Sign) Details of Activity Manager): EMP CODE: P-14003 NAME: Maulik Transpar By Cluster HR & ADMIN Details of Cluster HR Manager): EMP CODE: (dd/mm/yyyy) EMP CODE (New Joines): Provoed and Authorised by: NAME: EMP CODE: GMP CODE	Place <u>RHOPAL</u> Date <u>27 - 02-17</u>	Signature	: Hayy
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Sign PPROVED BY : Maulik Trikariya (Name) (Sign)		4 Tive heurd	
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NAME	TTAW APAM	PATEL	USE
ID#			- 19
UNIT / Loc			

Name	MAYA, WAT I PATEL
DOJ	06/03/2017
ID#	
ADD1	H.NO.9 P.H.C
ADD2	WATER TANK CAMPUS
ADD3	JAWAHAR CHOWK
CITY	BHOPAL
PIN	462003
Tele #	
Mob #	7415283043
DOB	10-05-1992
Blood Grp	A+



Sign

If any changes or blank field in the above details, pls provide the correct & complete details (<u>USE CAPITAL LETTER ONLY</u>)

Name	MAYA, WATI PATEL
DOJ	06 (03) 2017
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ADD2	WATER TANK CAMPUS
ADD3	JAWAHAR CHOWK
CITY	BHOPAL
PIN	462003
Tele #	
DOB	10/5/1992
Blood Grp	AF



PAMAC New Joinee document checklist

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BOARD OF SECONDARY EDUCATION, MADHYA PRADESH, BHOPAL माध्यामक शिक्षा मणडल, मध्यप्रदेश, भोपाल

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CENTRE NO.

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JETAS ITAWAYAM

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FATHER'S NAME

ACHCHHE LAL PATEL

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BOARD OF SECONDARY EDUCATION, MADHYA PRADESH, BHOPAL माध्यामक शिश्चा माडल, मध्यप्रदेश, भाषाल

हायर सेकण्डरी स्कूल सिटिफिकेट परीक्षा (10+2) 2010

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STUDENTS NAME HIP IA IRIG / KIO

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DATE OF BIRTH जना निधि MOTHER'S NAME माना का नाम

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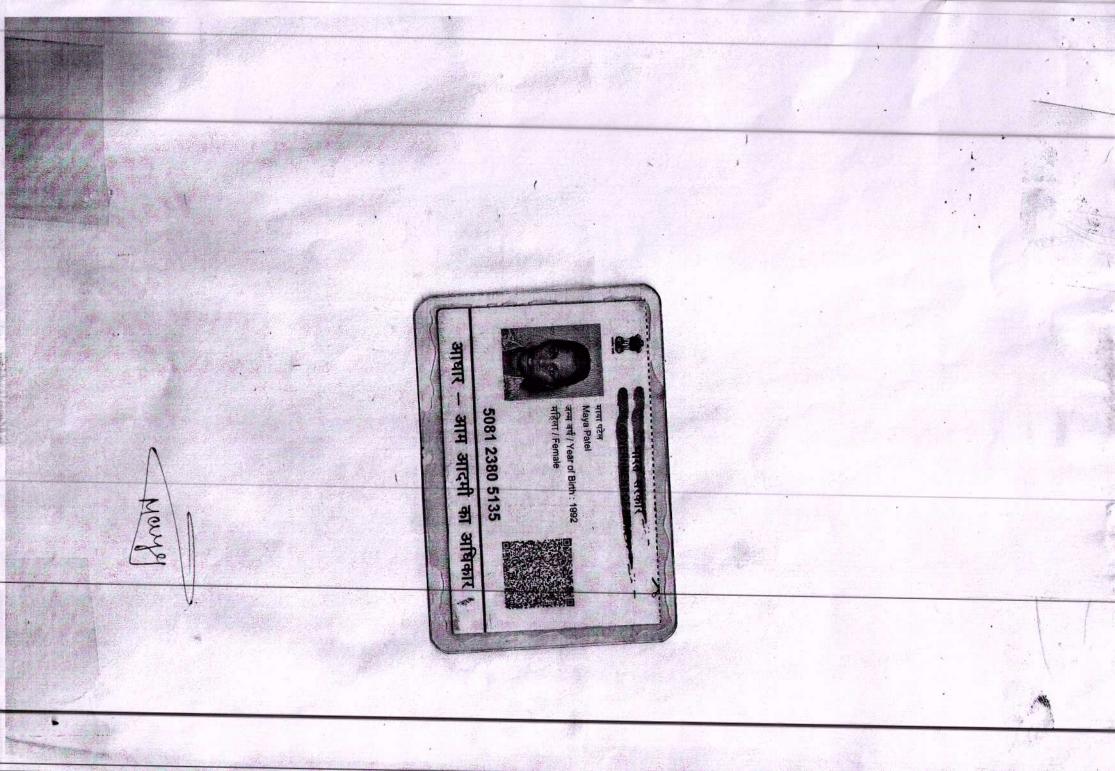
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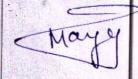
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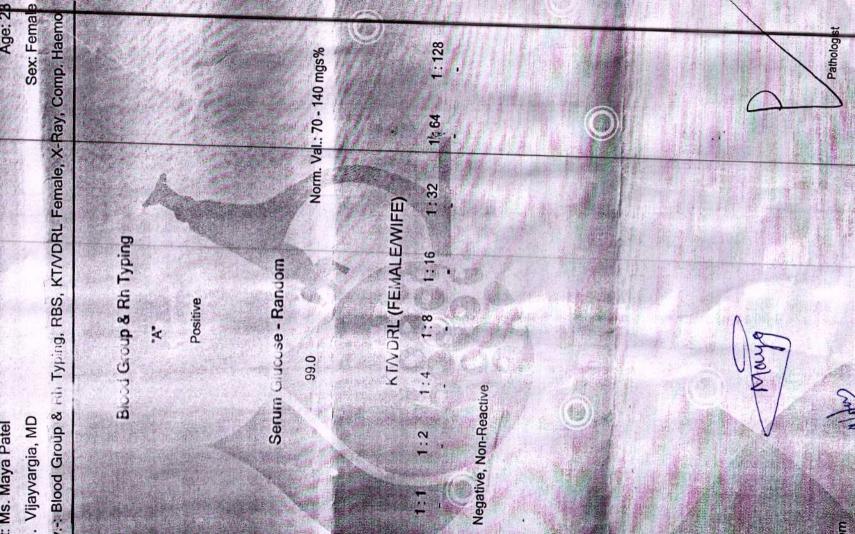




LUBUR PAAM L

		(Form 49A)	Applicant's Copy
	Acknowledgement	of PAN Application (Form 49A)	Date- 01 Mar 2017
knowledgement Number	N - 050079700794605	Fees Paid inclusive of Service Tax, SBC & KKC as appl	icable (#) ₹107.00
knowleagement	INDIVIDUAL	Fees Paid Inclusive 6.	
ategory	MAWATIPATEL		
ame on Card	ACHCHHELAL PATEL		
ather's Name	10 May 1992	- 11D :	
Date of Birth/ Incorporation	91-7415283043	E-mail ID -	1000000
Telephone/ Mobile Number	Elector's photo identity card		
Proof of Identity	Elector's photo identity card		
Service Tax Code (Regn. No.). A	Matriculation certificate Infrastructure Limited (PAN-Centre I AACN2082NST001, CIN: U72900MF SERVICES LTD	A MR Nagar BHOPAL MADHYA PRADESH 462011	
For queries and inform	nation please contact: PAN/TDS Call (Centers 218081 tininfo@nsdl.co.in tininfo@nsdl.co.in Chowk, Pune – 411 016	and send it to 57575 or by visiting ou





Dr. R. S. Vijayvargiya

M.D. (Medicine) Medical Specialist

Reg. No. 2012

Civil Hospital

Sant Hirdaram Nagar (Bairagarh), Bhopal

LIG - C-1, MIG Block No. 1 Resi. :

Saraswati Nagar,

Jawahar Chowk, Bhopal

: 2772917 Ph.

Mob.: 9827212049

CERTIFICATE

This is to certify that I have examined Ku. mayo patel & found her in good physical of mental health. She is fit for any type of Job.

> डॉ. आर. एस. विजय मेडीकल विशेषज्ञ सिविल अस्पताल बैरागढ़, भौपाल रिज. नं. 2012