

## Personal Information

### Personal Information

#### Personal Details

**Kindly enter your complete name (Full form of the initials) along with your father's name. Please enter the name as mentioned in your documents.**

Title	First name*	Middle name	Last name*
Mr	Rahul	Vilas	Sonune

**Former name / Maiden name (if applicable)**

**Gender\***  
Male

**Date of birth\***

**Day Month Year**  
02 January 2002

**Country of birth\***  
India

**City of birth\***  
Nagpur

**Candidate email ID\***  
rahulsonune112233@gmail.com

**Alternate email ID**  
dev.rahulsonune02@gmail.com

**Citizenship\***  
Indian

**Residence status\***  
Permanent

**Have you ever studied or worked in US?**  
No

## Additional Information

**Blood group\***

B+

**Current Location\***

Navi-Mumbai

**Total experience (Months/Years)**

0

**Relevant experience (Months/Years)**

0

**From date (Please enter "NIL" if no employment experience)\***

NIL

**To date (Please enter "NIL" if no employment experience)\***

NIL

## Language Proficiency

*Please Indicate your language abilities starting with your Native Language. Please click on "click here to add more" to provide multiple Language details.*

**Language name 1**

English

**Language proficiency 1**

Can Understand~==Can Read~==Can Speak~==Can Write~==

**Language name 2**

Hindi

**Language proficiency 2**

Can Understand~==Can Read~==Can Speak~==Can Write~==

**Language name 3**

Marathi

**Language proficiency 3**

Can Understand~==Can Read~==Can Speak~==Can Write~==

Language name 4

Language proficiency 4

Language name 5

Language proficiency 5

Language name 6

Language proficiency 6

Language name 7

Language proficiency 7

Language name 8

Language proficiency 8

Language name 9

Language proficiency 9

Language name 10

Language proficiency 10

Family Details

Father’s Detail

Title*	First name*	Last name*	Citizenship*	Country of Birth*
Mr	Vilas	Sonune	Indian	India

Mother's Detail

Title*	First name*	Last name*	Citizenship*	Country of Birth*
Mrs	Savita	Sonune	Indian	India

Candidate contact details

Home Phone\*

Country Code	Area Code	Phone No.
0000	0000	0000000000

Office Phone\*

Country Code	Area Code	Phone No.
0000	0000	0000000000

Mobile Number\*

**Country Phone No.**  
**Code**  
91 9764877469

### Emergency Contact details

*Please provide the name of individual who can be contacted in the event of an emergency.*

**Name\*** Santosh Turerao  
**Relationship with you\*** Cousin Brother

**Address Line 1\***  
03,jimmi apartment,near goverment rashan shop, chinchali, ghansoli gaon, ghansoli,thane,navimumbai

**Address Line 2**

**City\*** Thane  
**State\*** Maharashtra

**Country\*** India  
**Postal code\*** 400701

**Email address\***  
tureraosantosh@gmail.com

**Emergency Contact Details**  
Mobile Number

### Mobile number

**Country Phone No.**  
**Code**  
91 9967120080

**Do you have a license to practice law with one of the Indian State Bar Councils?\***

No

### **Chartered Accountant - Certificate of Practice:**

**Are you a Chartered Accountant under the ICAI (Institute of Chartered Accounts India) rules and hold a Certificate of Practice (CoP)?\***

c) No, I don't hold a CoP

**Note : If you join any of the Deloitte USI entities, you will be required to surrender the CoP within 60 days of joining us as an employee**

#### ***NOTE:***

- Please complete all mandatory fields (indicated with an asterix\*) and save the information you have entered by clicking on the "Save" button before leaving this page.***
  - Failure to do so will result in loss of all information entered.***
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## Education

### Education (Highest Qualification)

#### Education Details

**\* Please enter all education details (Graduation, Post-Graduation, professional qualifications, if any)**

**To add more qualification go to click here to add more option at bottom of education page**

**Complete name of  
qualification/degree\***

Bachelor of Science in Information  
Technology

**Please enter the name of your complete qualification; do not use any abbreviation. Mention the full form of the  
qualification**

**Complete name of College/Institution attended\***

Western College of Commerce and Business Management

**University name\***

Mumbai University

**University city**

Mumbai

**Major subject name**

Information Technology

**Full time / Part time**

Full Time

**Dates attended (From)\***

**Dates attended (To)\***

**(Please enter Month and Year)**

**Day Month Year**

01 June 2019

**Day Month Year**

02 May 2022

**Graduated\***

Yes

**Graduation date\*** (Please enter Month and Year)  
18-06-2022

**Country of Graduation\***  
India

**Registration / Roll number\***  
2019016401194471

**Grade \ Marks \ CPA**  
8.20 CGPA

*Please provide the below details only if you have Post Graduation Degree or else click on No.*

**Do you have a CPA License?\***  
No

**NOTE:**

- *Please complete all mandatory fields (indicated with an asterix\*) and save the information you have entered by clicking on the "Save" button before leaving this page.*
  - *Failure to do so will result in loss of all information entered.*
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## Address

### Current Address - Physical Verification

Please enter your Current address details.

#### Address Details

**Apartment/Flat/House/Unit number\***

plot-no 103,Second Floor

**Building/ Apartment name\***

Sai Prasad Restaurant

**Area/Locality name\***

Sector-5,Ghansoli

**Street / Road Name\***

Bipex Road,

**City/Town/Suburb/Area/District\***

400701 Maharashtra Navi Mumbai

**County / State\***

India

**Landmark (Within 50 - 75 meters of address)\***

Near Manmohan Mithaiwala

**Country\***

India

**Post / ZIP code\***

400701

### Contact Details and Period of Stay

**Hand phone (Cell phone)**

9764877469

**Land line**

**Period of stay (From)\***

**Day Month Year**  
13 November 2021

**Period of stay (to)\***

**Day Month Year**  
01 November 2022

**In case of any overseas address, please provide us the contact details of your overseas location.**

### Other Details

**Nationality**

**National identity number**

**National insurance number**

**Social insurance number**

**Social security number (SSN)**

**Additional information**

***NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.***

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## Permanent address - Physical Verification

Please enter your Permanent address details.

### Address Details

**Apartment/Flat/House/Unit number\***

Plot no 70,

**Building/ Apartment name\***

Rathi Lay Out

**Area/Locality name\***

8th Mile

**Street / Road Name\***

Dawalameti Road

**City/Town/Suburb/Area/District\***

Nagpur

**County / State\***

Maharashtra

**Landmark (Within 50 - 75 meters of address)\***

Near Buddhagosh Mahavihar

**Country\***

India

**Post / ZIP Code\***

440023

### Contact Details and Period of Stay

**Hand phone (Cell phone)**

976477469

**Land line**

**Period of stay (From)\***

**Day Month Year**

02 January 2002

**Period of stay (to)\***

**Day Month Year**  
01 November 2022

**In case of any overseas address, please provide us the contact details of your overseas location.**

### **Other Details**

#### **Nationality**

**National identity number**

**National insurance number**

**Social insurance number**

**Social security number (SSN)**

#### **Additional information**

***NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.***

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## Previous address - Physical Verification

### Address Details

**Please enter all your previous address in last five years without any gap along with the pin code and period of stay. Address should match with the ones listed in criminal court.**

**Apartment/Flat/House/Unit number\***

Plot no 70

**Building/ Apartment name\***

Rathi Lay Out

**Area/Locality name\***

8th mile

**Street / Road Name\***

Dawalameti Road

**City/Town/Suburb/Area/District\***

Nagpur

**County / State\***

Maharashtra

**Landmark (Within 50 - 75 meters of address)\***

Near Buddhaghosh Mahavihar

**Country\***

India

**Post / ZIP code\***

440023

### Contact Details and Period of Stay

**Hand phone (Cell phone)**

9764877469

**Land line**

**Period of stay (From)\***

**Day Month Year**

02 January 2002

**Period of stay (To)\***

**Day Month Year**  
01 November 2022

**In case of any overseas address, please provide us the contact details of your overseas location.**

## **Other Details**

**Nationality**

**National identity number**

**National insurance number**

**Social insurance number**

**Social security number (SSN)**

**Additional information**

**Have you entered last 5 years address details ?\***

Yes

**By Clicking " YES" you have acknowledged that 5 Years address is provided from your end, in case of any mismatch it will impact your Onboarding. Thank you for understanding the requirement.**

***NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.***

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## Criminal

### Court records

Kindly provide your address history for last five years and in following sequence (Current, Permanent and Previous) without any gap along with the pin code and period of stay. (Except any overseas address). Address should match with the ones listed in previous address.

Kindly enter your complete name (Full form of the initials) along with your father's name. Please enter the name as mentioned in your documents.

Type of address\*

Permanent

### Personal Details

Candidate's full name

Rahul Vilas Sonune

Date of birth\*

Day Month Year

02 January 2002

### Address Details

Flat number\*

Plot no 70

Apartment number/ Unit/ House/ Building\*

Rathi Lay Out

Building number and name & road name\*

Dawalameti Road

Landmark\*

Near Buddhaghosh mahavihar

City/ Town/ Area/ District\*

8th Mile

**City name\***

Nagpur

**Address Pin ZIP/Pin/ Postal code\***

440023

**Country & City/ State acquired\***

Maharashtra

**State / County/ Province/ Prefecture\***

India

### Contact details and Period of Stay

**Contact phone number**

9764877469

**Period of stay (From)**

**Day Month Year**

02 January 2002

**Period of stay (To)**

**Day Month Year**

01 November 2022

**Have you entered last 5 years address details ?\***

Yes

**By Clicking " YES" you have acknowledged that 5 Years address is provided from your end, in case of any mismatch it will impact your Onboarding. Thank you for understanding the requirement.**

***NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.***





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## Passport Investigation

### Passport-MRZ

Do you have a Passport?

No

***NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.***

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## Pan card Verification

### Pan Card Verification

Provide available and relevant details only. Enter "NA" wherever the field is Not applicable.

Do you have a PAN Card?\*

Yes

Please enter your Pan card details.

Candidate details

Name as per pan card\*

RAHUL VILAS SONUNE

Date of birth\*

02/01/2002

Pan Card number\*

OCUPS2651M

***NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.***

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## Criminal Search

### Criminal Search

**Kindly enter all your overseas address details in last five years.**

**Type of address\***

Current

**Candidate's full name\***

RAHUL VILAS SONUE

**Date of birth\***

**Day Month Year**

02 January 2002

**Flat number\***

PLOT NO 103

**Apartment number/ Unit/ House/ Building\***

SAI PRASAD RESTAURANT GHANSOLI NEAR MANMOHAN MITHAIWALA

**City name\***

THANE

***NOTE : Please complete all mandatory fields (indicated with an Asterisk \*) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.***

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