HUMAN RESOURCE INFORMATION SYSTEM



	Personal Details	ereka en Grafia.		
ployee Name (as on Aadhaar):	Siddheshwa	r Vilay Kur	nor Tao	hav
nder (Male/Female):	male			
her's Name (as on Aadhaar):	Vilaykumar	Nersu	Jadhar	
od Group:	Btve			
rrital Status (Married/Unmarried):	married			
use Name:	Misha sic	ldheshwar	Touchas	V
e of Marriage (dd/mm/yyyy):	07-m97-2	017		
3 (as on Aadhaar) (dd/mm/yyyy):	12-Jan-1	990		
No:	AODEI370.	5 J		
haar Card No:	8073675	96111		
port No:	MA			
ent VISA (VISA Type, Country , Expiry Date):	MA			
e of Employee (as mentioned in Bank):	Siddheshwar	r Vijatkur	nar Jad	hav
Name:	KOtak r	nahindra	Bank 1+	d.
Account No:	644912	3270		
IFS Code:	KKB	K000176	4	
Branch Address:	sinhaad Ro	ad Dune		
led Current Address (with PIN Code):	fluti103, F	irst floor, N	lileanant 1	telaht
led Permanent Address (with PIN Code):	Atpost-Bouxhi	Tg, Renapi	ar pist 1	atur,
nal Mobile No:	96573512	32.		
ate Personal Mobile No:	7820894			
of the Person to be contacted in Emergency :	Vaiblar Jad	har- 937	-023796	0
onship with Person :	Brother			
gency contact No:	9370237	960		
	Education Details	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ard Degree Name (Qualification)	University/Board	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Percentage/Gra
	Pune Uni.	mer-2010	Apr- 2012	de 571
iraduation MBA		War-5007	Apr-2010	664.
ation BCA	SRTMU.	mar-2006	Apr-2007	
12Th	Letur Board		•	714
10 Th	Latur Board	279ar-200h	Apr-2001	661.

al Experience (Years):	4.270	ars	Relevant Experience	(Years):	4.2	year.	5
mary Skills Name TQVO	-	Years Of Experience				,	rience on Skill
Java		on Skill	Secondary Skills Nar	ne	, š	Years Of Expe	mence on skiii
mpany Name (Latest First)	Designation	From (dd/mm/yyyy)	To (dd/mm/yyyy)	PF's UAN Number	ESIC Number	r	CTC (PA)
		-		4 1006 1218	3046		7.5 L
Talentifiers Consulting	ecor	11.4(·		
Organia							
					TA TATE TO THE	经验工业 图 科	
64 AV V. T. K. 65 C. T.	Family Def	tails (As per Company	policy only spouse ar	nd upto 2 child covered)		THE RELATION	Whether
lelation Title (Mr./Ms.)	Family Det	tails (As per Company	policy only spouse ar	DOS.	ccupation		
	Name			DOB (dd/mm/yyyy)			already cove under any Mediclaim Insurance
ather	Name			DOB (dd/mm/yyyy)		sife	already cove under any Mediclaim Insurance
ather	name Meena	ViJa7KU	mar Jodh	DOB (dd/mm/ww) O(sife olfe	already cove under any Mediclaim Insurance
ather Auther	meena Hisha s	Vijazku Siddheshi	mar Jodh WorJodh	DOS (dd/mm/ww) 0.	Houseu Houseu Child	oife oife e pri	already cove under any Mediclaim Insurance
ather Mother Spouse	meena Hisha s	Vijazku Siddheshi	mar Jodh WorJodh	DOS (dd/mm/ww) 0.	Houseu Houseu Child		already cove under any Mediclaim Insurance
Father Mother Spouse	meena Hisha s	Vijazku Siddheshi	mar Jodh WorJodh	DOS (dd/mm/ww) 0.	Houseu Houseu Child		already cov under any Mediclaim Insurance
Father Mother	meena Hisha s	vijazku siddheshi a siddhei h siddhes	mar Jodh WorJodh	DOB (dd/mm/ww) O(Houseu Houseu Child		already cov under any Mediclaim Insurance
father Mother Spouse Child 1 Child 2 If you have Physical Disability, please write there & attach Certificate also with joining	meena Hisha s	vijazku siddheshi a siddhei h siddhes	mar Jodh WorJodho Lwrr Jodho Lw Joulho	DOS (dd/mm/ww) 0.	Houseu Houseu Child		already cov under any Mediclaim Insurance
father Mother Spouse Child 1	meena Hisha s	vijazku siddheshi a siddhei h siddhes	mar Jodh WorJodho Lwrr Jodho Lw Joulho	DOS (dd/mm/ww) 0.	Houseu Houseu Child		already cove under any Mediclaim Insurance