

# Educational Details Form

## Personal Information

---

**Full Name:**

Sinchana C

**Email Address:**

sinchana.23cs160@sode-edu.in

**Contact Number:**

9606604919

## Primary Education

---

**School Name:**

VHS

**Year of Passing:**

2020

**Percentage/Grade:**

90%

**Upload Marksheets:**

No file chosen

## Secondary Education

---

**School Name:**

Enter secondary school name

**Year of Passing:**

e.g. 2016

**Percentage/Grade:**

e.g. 90% or A+ grade

**Upload Marksheets:**

No file chosen

**Higher Secondary / PUC**

---

**College Name:**

VPUC

**Year of Passing:**

2022

**Percentage/Grade:**

90%

**Upload Marksheets:**

No file chosen

**Graduation**

---

**College Name:**

SMVITM

**Course Name:**

B.E

**Year of Passing:**

2027

**Percentage/CGPA:**

9

**Upload Marksheets/Degree:** No file chosen