#### ATHARVA PRASHANT SHIRKE



## Fill all the field to check Eligibility

Name of Student *	
ATHARVA PRASHANT SHIRKE	
Date of Birth *	
23 FEB 2001	
Gender *	
MALE	
Category *	
OTHERS	
Mothers Name *	
SUSHMA PRASHANT SHIRKE	
Father Name *	
PRASHANT ASHOK SHIRKE	

Minority \*

NO

Person with Disability \*

NO

Email \*

atharvashirke77@gmail.com

Mobile \*

9309794449

Aadhaar Number \*

**XXXX XXXX 8336** 

Student Profile Photo \*

Aadhaar

#### **EDUCATIONAL DETAILS**

State to Which Institute Belongs \*

**MAHARASHTRA** 

District to Which Institute Belongs \*

**SOLAPUR** 

Institute Name \*

N.B. NAVALE SINHAGAD COLLEGE OF ENGINEERING KEGAON SOLAPUR PUNE ROAD SOLAF

Education Type (Pass Out)\*

:: National Apprenticeship Training Scheme (NATS) :: GRADUATE IN ENGINEERING / TECHNOLOGY Course Name\* **COMPUTER SCIENCE & ENGINEERING** Specialization \* COMPUTER SCIENCE AND ENGINEERING Student ID (Enrollment Number) \* 2019032500205844 Year of Passing 2023 Month of Passing JULY Percentage \* (For CGPA, convert into Percentage according to University formula) 86.21 View Provisional / Passed Certificate\* ■ Higher Secondary (10+2) ■ Diploma ■ High School(10th) ■ ITI School/Institute State\* **MAHARASHTRA** School/Institute District\* **SOLAPUR** School/Institute Name\* SANGAMESHWAR COLLEGE SOLAPUR

MAHARASHTRA STATE BOARD

School/Institute Board Name\*

Student ID (Enro	ollment Number
------------------	----------------

,	
P075437	
Percentage * (For CGPA, convert into Percentage according to University formula)	
68.77	
About your Self *	
I AM ATHARVA SHIRKE. I HAVE KEEN INTEREST IN PROGRAMMING. I HAVE GOOD HANDS ON PRACTICE ON MANY LANGUAGES.I AM A GOOD PROBLEM SOLVER.	//
General Skills (Add comma separated values)	
JAVA PYTHON MACHINEL FARNING DSA	

Languages Known (Add comma separated values)

### **Permanent Address**

Pin Code \*

413003

Post Office \*

MEDICAL COLLEGE S.O (SOLAPUR)

District\*

SOLAPUR

State/UT\*

**MAHARASHTRA** 

Address \*

**BLOCK NO-11** 

#### **Present Address**

Pin Code \*

413003

Post Office \*

MEDICAL COLLEGE S.O (SOLAPUR)

District\*

**SOLAPUR** 

State/UT\*

**MAHARASHTRA** 

Address \*

BLOCK NO-11, AKANKSHA, MOHITE NAGAR, OPP. SANCHAR PRESS

# **Training Preferences**

Preferred State - 1

**MAHARASHTRA** 

Preferred District - 1

**SOLAPUR** 

Preferred State - 2

**MAHARASHTRA** 

Preferred District - 2

**PUNE** 

Preferred State - 3

**MAHARASHTRA** 

Preferred District - 3

**MUMBAI** 

#### Field Preference

Preferred Field -1

**COMPUTER** 

Preferred Field -2

**SERVICE** 

Preferred Field -3

**SELECT PREFERRED FIELD 3** 

#### **Bank Details**

IFSC Code \*

HDFC0002819

Bank Branch Name \*

HOTAGI ROAD - SOLAPUR

Bank Name *
HDFC BANK
Name of the Account Holder *
ATHARVA PRASHANT SHIRKE
Bank Account Number *
50100664637421
Upload Bank Passbook *

I atharva prashant shirke son / daughter of sushma prashant shirke hereby declare that the above statements are true and correct to the best of my knowledge.

I also declare that I am an Indian Citizen, and will sincerely abide by the rules and regulations of the Apprentices ACT monitored by BOATs/BOPT

□ \* By clicking this box I agree to the above Terms and Conditions

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Final Submit