



Affix Your Photograph Here

CANDIDATE INFORMATION FORM

1. Name (Block Letters- As specified on Passport or Pan Card):

JAY PATEL

(First Name)

(Middle Name)

(Last Name)

2. Permanent Address:

2.1 Street Address: RAJ USED TO STAY, HERE BUT LEFT FOR STUDIES

2.2 City: RAJCITY 2.3 State: RAJSTATE

2.4 Zip Code: 666666

2.5 Country: INDIA

3. Current Address:

3.1 Street Address: **RAJ NOW STAYS HERE AS HIS COLLEGE IS NEAR FROM HERE**

3.2 City: THISCITY

3.3 State: THISSTATE

3.4 Zip Code: 333333

3.5 Country: INDIA

4. Date of Birth: 12 / 12 /2012 **5. Age:** 12

6. Gender: OTHER

7. Passport: NA

8. Mobile: +917558380404 **9. PAN No.:** PAN1234F123

10. Visa: NA

11. Email ID: thisisrajsemail@gmail.com

12. Name of Emergency Contact: ONLY RAJ KNOWS

13. Emergency Contact's Number: +91 55432234454 **14. Available for Relocation:** Y

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15. EDUCATIONAL QUALIFICATION: (Starting from recent)

Sr No.	Name of the School/ University	Qualification	% or CGPA	Pass out Year
1	MIT ACADEMy	BTECH	88	2025
2	AIJ SCHOOL	12TH	80	2019
3	NACHIKETAS	10TH	87	2017

16. Details of any important training undergone:

Program	Contents	Organized By	Duration
GOOGLE	GCCP AND CLOUD	GOOGLE	5 WEEKS
AMAZON	MACHINE LEARNING	AMAZON	10 WEEKS
MICROSOFT	NOTHING	MICROSOFT	1 WEEK

17. Please list the technical or professional certification you completed

Sr. NO	Certification	Duration
1	AWS MACHINE LEARNING	10 WEEKS
2	GOOGLE CLOUD	5 WEEKS
3	MICROSOFT AZURE	1 WEEK

18. Details of Family Members:

Relation	Occupation/Profession	Resident Location
Father/ Mother	DOCTOR	HOME
Brothers	NA	NA
Sisters	DOCTOR	HOME
Spouse	NA	NA
Children	NA	NA

19. References: (Min 2)**Note: Write References in case of:****1. Student: Faculty****2. Employment: Immediate reporting Authority, Managers, Team Leads etc.****3. Institute, SEED, CDAC: Faculty**

Name	Designation	Contact No
NA	NA	NA
NA	NA	NA
NA	NA	NA

**Signature**