



Affix Your Photograph Here

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

JAY SUNIL PATEL
(First Name) (Middle Name) (Last Name)

2. Permanent Address:

3.1 Street Address: flat 603 r wing tanishq orchid phase2 charouli budruk
3.2 City: **Pune** 3.3 State: Maharashtra
3.4 Zip Code: _412105_____ 3.5 Country: INDIA

3. Current Address:

3.1 Street Address: flat 603 r wing tanishq orchid phase2 charouli budruk
3.2 City: **Pune** 3.3 State: Maharashtra
3.4 Zip Code: 412105 3.5 Country: INDIA

4. Date of Birth: 17 /09/2024 **5. Age:** 22 **6. Gender:** Male

7. Passport: _____ **8. Mobile:** _____ **9. PAN No.:** _____

10. Visa: _____ **11. Email ID:** _____

12. Name of Emergency Contact: _____

13. Emergency Contact's Number: _____ **14. Available for Relocation:** ☐

15. EDUCATIONAL QUALIFICATION: (Starting from recent)

Sr No.	Name of the School/ University	Qualification	% or CGPA	Pass out Year

15. Details of any important training undergone:

Program	Contents	Organized By	Duration

16. Please list the technical or professional certification you completed

Sr. NO	Certification	Duration

17. Details of Family Members:

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

18. 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

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Signature