

Let Us Know About You!

1.	Name: Deelak Patel	Phone No.: 76 106 35 474
	Email id: deelaklater5474@gmail.com	
2.	. Father's Name: mansharam Patel	
		Email id: deeplate 19112200 gmais com
	Office Address:	Phone no.:
3.	. Mother's Name: Usha Patel	
	Email id:	Phone no.:
4.	Permanent Address: gram - Dhanfada, Tch-Barwand, Dist-Knazyone	
	Residing since (years): Residence Phone no.:	
5.	Current Address: indoxe	
6.	. MP Domicile: (YES/NO) Yes	
7.	. Emergency Contact Name & Number: 97	53170213
	If Yes, Details of the same:	
9.	. References: (College TPO/ Neighbour/ Relative)	
	i) Name:	
	Designation:	Phone no.:
	ii) Name:	
	Designation:	Phone no.:
10	0. Previous company:	
	Company Name: P& Info tech	1
	Reference Name	Contact No:



Declaration:

I hereby declare that the above i	nformation is true to the best of my knowledge.
I declare that I have no pending	legal case or criminal record and that I am not suffering from an
health related issues either physi	cally or mentally that would affect my work in the company.
Please specify if any physical or	mental health related issues:
	NA -
Please specify if any pending lega	ıl case:
	qua -
Please specify if you or any of you	ar family members found positive in COVID19:
	NA
Signature: Alu	Date: 01-06-2022
	Date: O