



Affix Your Photograph Here

CANDIDATE INFORMATION FORM

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

ParthPrasadJangam(First Name)(Middle Name)(Last Name)

2. Permanent Address:

3.1 Street Address: abc, efg

3.2 City: Satara 3.3 State: Mahrashtra

3.4 Zip Code: 415004 **3.5 Country:** India

3. Current Address:

3.1 Street Address: abc, efg

3.2 City: Satara 3.3 State: Maharshtra

3.4 Zip Code: 415004 **3.5 Country:** India

4. Date of Birth: 09 / 10 /2003 **5. Age:** 21 **6. Gender:** Male

7. Passport: 123456789 **8. Mobile**: 7276050806 **9. PAN No.:** CKIPJ7464H

10. Visa: 1243667 **11. Email ID**: parthjangam23@gmail.com

12. Name of Emergency Contact: Prasad Jangam

13. Emergency Contact's Number: 9850050806 **14.** Available for Relocation: yes

15. EDUCATIONAL QUALIFICATION: (Starting from recent)

Sr No.	Name of the School/ University	Qualification	% or CGPA	Pass out Year
1	CSA	SSC	88	2019
2	LSK	HSC	83	2021
3	ZCOER	UG	8.0	2025

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Program	Contents	Organized By	Duration

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16. Please list the technical or professional certification you completed

15. Details of any important training undergone:

Sr. NO	Certification	Duration

17. Details of Family Members:

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

Note: Write References in case of:

- 1. Student: Faculty
- Employment: Immediate reporting Authority, Managers, Team Leads etc.
 Institute, SEED, CDAC: Faculty

Name	Designation	Contact No



Signature

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