



Affix Your Photograph Here

CANDIDATE INFORMATION FORM

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

Parth

Prasad

Jangam

(First Name)

(Middle Name)

(Last Name)

2. Permanent Address:

3.1 Street Address: abc, efg

3.2 City: Satara

3.3 State: Maharashtra

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: Maharashtra

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

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

--



Signature