



Affix Your Photograph Here

## **CANDIDATE INFORMATION FORM**

Parth		Prasad	Jangam			
(First Name	e)	(Middle Name)			(Last Name)	
2. Perma	nent Address:					
3.1 Street	Address:					
3.2 City: _		3.3 State:				
3.4 Zip Cod	de:	3.5 Country:				
3. Currer	t Address:					
3.1 Street	Address:					
3.2 City: _		3	3.3 State:			
3.4 Zip Cod	de:	3	.5 Country:			
	ort:					
	11					
12. Name	e of Emergency Con	tact:				
13. Emer	gency Contact's Nu	ımber:	14. A	vailable foi	Relocation:	
	<b>,</b> ,					
15. EDUC	ATIONAL QUALIFI	CATION: (Starting	g from recent)			
	Name of the Scho	ool / University	Qualification	% or	Pass out	
Sr No.	Name of the Sch	Joi/ University		CGPA	Year	
Sr No.	Name of the 3th	Join University		CGPA		
Sr No.	Name of the 3th	on oniversity		CGPA		
Sr No.	Name of the 3th	on oniversity		CGPA		
Sr No.	Name of the Sch	on oniversity		CGPA		

Page 1 Enzigma Solutions LLP

Program	Contents	Organized By	Duration

Program	Contents	Organized by	Duration

## 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** 

Enzigma Solutions LLP Page 3