



Affix Your Photograph Here

CANDIDATE INFORMATION FORM

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

(First Name)

(Middle Name)

(Last Name)

2. Permanent Address:

3.1 Street Address: _____

3.2 City: _____ 3.3 State: _____

3.4 Zip Code: _____ 3.5 Country: _____

3. Current Address:

3.1 Street Address: _____

3.2 City: _____ 3.3 State: _____

3.4 Zip Code: _____ 3.5 Country: _____

4. Date of Birth: ____ / ____ / ____ 5. Age: _____ 6. Gender: _____

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