

Mayank Prafulbhai Patel
H No. 131, Patel Falia, Pariyari, Moti Daman, Daman, DNH & DD 396 220
Email Id: mayankpateldmn@gmail.com
Mobile No. 89051 00002

PROFILE SUMMARY

- Skilled in Microsoft Office (Word, Outlook, Excel, Power Point)
- Close co-ordination with customer.

SKILL

Functional

- Possess excellent communication skills
- Fast Learning Ability
- Good interpersonal effectiveness within and outside the team for contribution towards meeting team objectives
- Ability to learn domain knowledge/concepts rapidly and enhance performance applying these to various job situations

Detailed Project Profiles:

Employer : Prakhar Softwares
Client : UT Administration of Dadra & Nagar Haveli and Daman & Diu
Location : Daman
Role : UIDAI Enrollment Operator

EDUCATIONAL BACKGROUND

Year	Degree	Percentage/CGPA	University
2012	10 th	42%	G.S.H.S.E.B. Gandhinagar.
2014	12 th	54.28%	G.S.H.S.E.B. Gandhinagar.
2016	ITI (Electrician)	-	Govt. Industrial Training Institute Daman

PERSONAL DETAILS

Date of Birth : 9th October 1996
Nationality : Indian
Gender : Male
Languages : English, Hindi and Gujarati
Marital Status : Single

- I hereby declare that the information provided by me is true to my knowledge. I shall be responsible for any kind of inconvenience in future.





Human Resource Inventory

Name of the Candidate / Applicant	PATEL MAYANK PRAFUL
Address of Correspondence (with PO, Pin Code)	131, PATEL FALIA, PARIYARI MOTI DAMAN, DAMAN & DIU, DNH & DD 396 220
Permanent Address (with PO, Pin Code)	131, PATEL FALIA, PARIYARI MOTI DAMAN, DAMAN & DIU, DNH & DD 396 220
Father's Name	PRAFULBHAI MITTHALBHAI PATEL
Father's Mobile	9574474040
Date of Birth (DD.MM.YYYY)	09/10/1996
Date of Joining (DD.MM.YYYY)	01/01/2021
Date of Marriage (DD.MM.YYYY)	-
Spouse Name (Wife / Husband)	-
Location / Bhawan (of Deployment)	COLLECTORATE OFFICE, DHOLAR, MOTI DAMAN, 396 220
Department / Project Name	UIDAI (AADHAAR DEPARTMENT DAMAN)
Name of Local Project Coordinator	HEMANT N. RAJPUT
Local Project Coordinator Mobile	9898531353/0260-2231377
Local Project Coordinator Email ID	dycollg-dmn-dd@nic.in
Gender (Male / Female)	MALE
Marital Status (Single / Married)	SINGLE
Preferred Location	DAMAN
Current Job Location	DAMAN
Name of Home Town and the State	DAMAN
Mobile Number - 1	8905100002
Mobile Number - 2	9574474040
Email ID - 1	mayankpateidmn@gmail.com
Email ID - 2	-
Educational Qualification - 10th (Year & Marks in %)	42%
Educational Qualification - 12th (Year & Marks in %)	53%
Qualification (Graduation) - (with %)	ITI (ELCECTRICIAN)
Full Time / Part Time/ Distance & Year of Passing	-
Qualification (Post Graduation) - (with %)	-
Full Time / Part Time/ Distance & Year of Passing	-
Additional Qualification/ Courses/Diploma - (with %)	-
Full Time / Part Time/ Distance & Year of Passing	-
Functional Area (Please refer to Annexure - I)	-
Technology / Platform (Please refer to Annexure - I)	-
Skill Sets / Database (Please refer to Annexure - I)	-
Latest Employer (From - To)	-
Fourth Previous Employer (From - To) (if any)	-
Third Previous Employer (From - To) (if any)	-
Second Previous Employer (From - To) (if any)	-

Prakhar Software Solutions Pvt. Ltd.

B-1/44, LGF, Malviya Nagar (Near Tikona Park), New Delhi - 110017 (India)
Ph: +91-11-40631622 | Mail: info@prakharsoftwares.com | Web: www.prakharsoftwares.com
Offices: Delhi, Gaziabad, Pune, Durg, Indore, Bhopal, Jaipur, Bangalore, Mirzapur, Ranchi

First Employer (From – To)	-
Total Experience (In Years + Months)	-
Relevant Experience (In Years + Months)	-
Post Qualification (Graduation/MCA) Experience	-
Current Salary (Gross / Month) in Thousands	-
Take Home Salary (as per Bank Statement)	-
Passport No. and Validity	-
PAN No.	FQCPP2345L
Bank Acc. No.	36709452378
Bank Name	MAYANK PRAFUL PATEL
Branch	MOTI DAMAN
RTGS Code	-
IFSC Code	SBIN0002671
Photograph (Please attach 3 photograph)	-
Please attach the copy of Cancelled Cheque or Passbook (Mandatory)	-
Blood Group	A+
Language Known (Hindi/English/Punjabi/Bengali)	ENGLISH, HINDI, GUJARATI
Personal Reference with Mobile No.	VISHAL P. PATEL (9574474040)
Professional Reference with Mobile No.	JAYDEEP PATEL(9924557773)

Sample Signature (Please sign the document very carefully)	Paste your Photograph Here
	

New Format for Employees and Family Details for ESI Card (For those who applicable under ESIC)	
Name	PATEL MAYANK PRAFUL
Father's Name	PRAFULBHAI MITTHALBHAI PATEL
Adhaar card No.	6453 2540 0854
CONTACT NO	89051 00002
D.O.J	01/01/2021

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Offices: Delhi, Gaziabad, Pune, Durg, Indore, Bhopal, Jaipur, Bangalore, Mirzapur, Ranchi

D.O.B.As per adhaar Card (DD/MM/YYYY)	09/10/1996			
Permanent Address	H No. 131, Patel Falia, Pariyari, Moti Daman, Daman 396 220			
Present Address	H No. 131, Patel Falia, Pariyari, Moti Daman, Daman 396 220			
Previous ESI No. (If Any)	-			
Bank Details				
Bank Name	IFSC Code	Account No.		
STATE BANK OF INDIA	SBIN0002671	36709452378		
Family Members	Relationship with the Member	Adhaar Card No.	D.O.B as per Adhaar card (DD/MM/YYYY)	Stay with the Member
1 Praful Mitthal Patel	Father	8268 1119 8433	01/08/1971	Yes
2 Sangitaben Praful Patel	Mother	6764 3427 9383	01/06/1975	Yes
3 Vishal Praful Patel	Brother	6453 2540 0854	30/07/1994	Yes
Nominee	Sangitaben Praful Patel			
Dispensary Name nearby you				

POINT TO BE NOTED

1. Scan copy of adhaar card of yours
2. Scan copy of adhaar card of your all family member.
3. Kindly mention the Date of Birth in DD/MM/YYYY format as per Adhaar card.

Disclaimer: This communication is of company's representative. The company has the right to keep your information confidential and use it only in providing an employment opportunity for educated, talented and hardworking, candidates/ professionals. If any individual found in sharing an inappropriate and falsification information to company's representative or any third party, or also being involved in receiving or giving any kind of financial help or commission or support in lieu of providing the employment to his/her friends, relatives, colleagues etc. will go through the legal proceedings. The company has the right to take a necessary action. All the fields are mandatory and please follow the writing rules while filing this information. No fake Experience Please. Prakhar Software Solutions Pvt Ltd. has the rights to go for any reference check without intimating resource to validate the information.

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घोषणा पत्र DECLARATION FORM

फार्म-1/ Form-1

घोषणा पत्र कर्मचारी द्वारा भरा जाएगा। फार्म के साथ पोस्टकार्ड आकार के दो फोटोग्राफ भी लगाए जाने चाहिए। फार्म भरने से पहले पीठ पृष्ठ पर दी गई हिदायतों को भली-भांति पढ़ लेना चाहिए। यह फार्म नि:शुल्क है।

To be filled by employee after reading instruction overleaf. Two Postcard Size photographs to be attached with the form. This form is free of cost.

(क) बीमाकृत व्यक्ति के विवरण

(A) INSURED PERSON'S PARTICULARS

1. बीमा संख्या/Insurance No.					
2. नाम (स्पष्ट अक्षरों में) Name in block letters	PATEL MAYANK PRAFUL				
3. पिता/पति का नाम Father's/Husband's Name	PRAFUL BHAI MITTALBHAI PATEL				
4. जन्म की तिथि Date of Birth	दिन Day	महीना Month	वर्ष Year	5. वैवाहिक प्रास्थिति Marital Status	विवाहित/अविवाहित विधवा M/U/W
	09	10	1977		
				6. लिंग/Sex	पु.म./M.F.
7. वर्तमान पता/Present Address	131, PATEL FALIA PARIYARI MOTI DAMAN				
8. स्थायी पता/Permanent Address	131, PATEL FALIA PARIYARI MOTI DAMAN				
पिन कोड Pin Code	3961220				
टेलीफोन नम्बर/ई-मेल पता/ Branch Office	ओपेराटिव Dispensary				

(ख) नियोजक के विवरण

(B) EMPLOYER'S PARTICULARS

9. नियोजक की कूट संख्या Employer's Code No.			
10. नियुक्ति की तारीख Date of Appointment	दिन Day	महीना Month	वर्ष Year
	01	01	2021
11. नियोजक का नाम और पता/Name & Address of the Employer	UIDAI, COLLECTORATE OFFICE, PHOLAR, MOTI DAMAN, 396220		
12. यदि पहले नियोजन में रहें तो कृपया निम्नलिखित ब्यौरें दीजिए In case of any previous employment please fill up the details as under.			
(क) पिछली बीमा संख्या (a) Previous Ins. No.			
(ख) नियोजक की कूट संख्या (b) Employer's Code No.			
(ग) नियोजक का नाम व पता (c) Name & Address of the Employer	MAYANK. P. PATEL UIDAI, COLLECTORATE OFFICE, PHOLAR		
टेलीफोन नम्बर/ई-मेल पता/e-mail address	mayank.patel.dmn@gmail.com		

(क) मृत्यु की स्थिति में नकद हितलाभ को भुगतान के लिए करा.बी. अधिनियम, 1948 की धारा 71/करा.बी. (केंद्रीय) नियम, 1950 के नियम 56(2) के अंतर्गत नामित के ब्यौरे।
(c) Details of Nominee u/s 71 of ESI Act 1948/Rule-56(2) of ESI (Central) Rules, 1950 for payment of cash benefit in the event of death.

नाम/Name	नातेदारी/Relationship	पता/Address
PRAFUL MITTAL PATEL	FATHER	131, PATEL FALIA, PARIYARI

मैं पद/आपको घोषणा करता/करती हूँ कि मेरे द्वारा प्रस्तुत किए गए विवरण मेरी जानकारी और विश्वास के अनुसार सही हैं। मैं अपने परिवार के सदस्यों में हुए परिवर्तन की सूचना 15 दिन के भीतर प्रस्तुत करने का खतम भी देता हूँ/देती हूँ।

I hereby declare that the particulars given by me are correct to the best of my knowledge and belief. I undertake to intimate the corporation any changes in the membership of my family within 15 days of such change.

नियोजक के प्रतिहस्ताक्षर

Counter signature by the employer

सील सहित हस्ताक्षर

Signature with seal

(घ) बीमाकृत व्यक्ति के परिवारों का विवरण

(D) Family Particulars of Insured person

(D) Family Particulars of Insured Person

क्र.सं. Sl. No.	नाम Name	फार्म भरने की तारीख को आयु/जन्म-तारीख Date of Birth/Age as on date of filling form	कर्मचारी के साथ नातेदारी Relationship with the Employee	क्या उनके साथ रह रहे हैं? Whether residing with him/her.		यदि नहीं तो आवास का स्थान दर्शाएं If 'No' state Place of Residence	
				हाँ/Yes	नहीं/No	कस्बा/Town	राज्य/State
1.	PRAFUL PATEL	01-08-1977	FATHER	✓			
2.	SANGITA PATEL	01-06-1975	MOTHER	✓			
3.	VISHAL PATEL	02-08-1974	BROTHER				

करा.बी. नियम अस्थायी पहचान पत्र

ESI Corporation Temporary Identity Card

(नियुक्ति की तारीख से 3 महीने तक वैध)

(Valid for 3 month from

नाम/Name	
बीमा संख्या/Ins. No.	नियुक्ति की तारीख/Date of appointment
शाखा कार्यालय Branch Office	ओपेराटिव Dispensary
नियोजक की कूट संख्या व पता Employer's Code No. & Address	

वैधता
Validity
तारीख
Dated

बीमाकृत व्यक्ति के हस्ताक्षर/अंगूठा का निशान
Signature/T.I. of I.P.



हस्ताक्षर
Signature of B.M. with seal

अनुदेश INSTRUCTIONS

- फार्म-1 का प्रेषण क.रा.वी. (साधारण) विनियम, 1950 के विनियम 11 व 12 के अंतर्गत विनियमित किया जाता है।
Submission of Form-1 is governed by regulation 11 & 12 of ESI (General) Regulations, 1950
- "कुटुम्ब" से किसी बीमाकृत व्यक्ति के निम्नलिखित सभी अथवा कोई नातेदार अभिप्रेत है:-
अर्थात्:- (1) विवाहिता (2) बीमाकृत व्यक्ति पर आश्रित कोई धर्मज या दत्तक अवस्थित आश्रित बालक, (3) कोई बालक जो बीमाकृत व्यक्ति के उपार्जन पर पूर्णतः आश्रित है तथा जो (क) शिक्षा प्राप्त कर रहा है, उसके 21 वर्ष की आयु प्राप्त कर लेने तक (ख) कोई अविवाहित पुत्री, (4) कोई बालक जो किसी शारीरिक अथवा मानसिक अपसामान्यता या चोट के कारण शिथिल है तथा शिथिलांगता रहने तक बीमाकृत व्यक्ति के उपार्जन पर पूर्णतः आश्रित है, (5) आश्रित माता-पिता, (ब्योरे हेतु क.रा.वी. अधिनियम, 1948 की धारा 2 के खंड 11 को देखें)।
"Family" means all or any of the following relatives of an Insured Person namely:-
(i) a spouse (ii) a minor legitimate or adopted child dependant upon the I.P.; (iii) a child who is wholly dependant on the earnings of the I.P. and who is (a) receiving education, till he or she attains the age of 21 years (b) an unmarried daughter; (iv) a child who is infirm by reason of any physical or mental abnormality or injury and is wholly dependant on the earnings of the I.P. so long as the infirmity continues; (v) dependant parents (Please see Section 2 clause 11 of the ESI Act 1948 for details).
- पहचान-पत्र अहस्तान्तरणीय है।
Identity Card is Non-Transferable.
- पहचान-पत्र के गुम होने की स्थिति में नियोजक/शाखा प्रबंधक को तत्काल सूचित किया जाए।
Loss of Identity Card be reported to Employer/Branch Manager immediately.
- किसी प्रकार की गलत सूचना देने की स्थिति में क.रा.वी. अधिनियम, 1948 की धारा-84 के तहत कानूनी कार्यवाही की जा सकती है।
Submission of false information attracts penal action Under Section 84 of ESI Act, 1948.
- नई नियुक्ति की स्थिति में भली-भांति भरा हुआ यह फार्म नियुक्ति के दस दिन के भीतर संबंधित शाखा कार्यालय में अवश्य ही प्रस्तुत किया जाना चाहिए। विलम्ब की स्थिति में नियोजक के विरुद्ध धारा-85 के तहत कानूनी कार्यवाही की जा सकती है।
This form duly filled in must reach the concerned Branch Office within 10 days of appointment of an Employee. Delay attracts penal action under Section 85 of the Act, against employer.
- बीमाकृत व्यक्ति होने के नाते आप व आपके परिवार के आश्रितजन चिकित्सा हितलाभ प्राप्त कर सकेंगे। अन्य नकद हितलाभ हैं, (1) बीमारी हितलाभ (2) अस्थायी अपंगता हितलाभ (3) स्थायी अपंगता हितलाभ (4) आश्रितजन हितलाभ (5) प्रसूति हितलाभ (महिला कर्मचारी के लिए)।
As an insured person you and your dependant family members are entitled to full medical care. The other benefits in cash include (1) Sickness Benefit (2) Temporary Disablement benefit (3) Permanent disablement Benefit (4) Dependants benefit and (5) Maternity Benefit (in case of woman employees) subject of fulfillment of contributory conditions.
- अधिक जानकारी के लिये कृपया निगम के वेबसाइट को देखें या शाखा कार्यालय या क्षेत्रीय कार्यालय से संपर्क करें।
For more details please contact website of ESIC at www.esic.org.in, or contact Regional Office or Branch Office.

केवल शाखा कार्यालय में प्रयोग हेतु For Branch Office Use only	
1.	बीमा संख्या आवंटन की तारीख : Date of allotment of Ins. No. : _____
2.	अस्थायी पहचान पत्र जारी करने की तारीख : Date of issue of T.I.C. : _____
3.	औषधालय का नाम/संख्या : Name /No. of Dispensary : _____
4.	क्या अन्योन्य चिकित्सा व्यवस्था उपलब्ध है? यदि हाँ, तो उल्लेख करें : Whether reciprocal Medical arrangements involved. If yes, please indicate : _____
शाखा प्रबंधक के हस्ताक्षर Signature of Branch Manager	

क्र.सं. Sl. No.	नाम Name	फार्म भरने की तारीख को आयु/जन्म-तारीख Date of Birth/Age as on date of filling form	कर्मचारी के साथ नातेदारी Relationship with the Employee	क्या उनके साथ रह रहे हैं? बताएं Whether residing with him/her.	यदि नहीं, तो आवास का स्थान दर्शाएं If No, state Place of Residence
1.	PRAFUL PATEL	01-08-1971	FATHER	हाँ/Yes ✓	कस्बा/Town राज्य/State
2.	SANGITA PATEL	01-06-1975	MOTHER	हाँ/Yes ✓	कस्बा/Town राज्य/State
3.	VISHAL PATEL	02-08-1994	BROTHER		कस्बा/Town राज्य/State



THE EMPLOYEES' PROVIDENT FUNDS SCHEME, 1952 (Paragraph 34)
AND

THE EMPLOYEES' PENSION SCHEME, 1995 (Paragraph 24)

Declaration by a person taking up employment in an establishment in which the Employees' Provident Funds & Employees' Pension Scheme enforce

I PATEL MAYANK PRAFUL Son/ wife/ daughter of* Sh. PRAFULBHAI MITTHALBHAI PATEL
(Name of Employee)
do hereby solemnly declare that :-

- (a) I was employed in M/s ..
(Name and Full Address of the immediate previous employer)
and left service on .. prior to that, I was employed in
(Date of leaving with immediate previous employer) from .. to ..
(Name and Full Address of the second last employer, if any) (Date of joining & leaving with second last employer, if any)
- (b) I was member of ..
(Name of PF Trust / Address of PF Office of immediate previous employer)
Provident Fund and also of the Pension Fund from .. to ..
(Date of joining & leaving with immediate previous employer).
and my account number (s) was/were ..
(PF No. with Establishment Code of immediate previous employer)
- (c) I /have not* withdrawn the amount of my Provident Fund/Pension Fund.
- (d) I /have not* drawn any superannuation benefits in respect of my past service from any employer.
- (e) I /have* been a member of any Provident Fund and/or Pension Fund.
- (f) I am drawing* Pension under EPS 95.
- (g) I am a holder* of scheme Certificate.
- (h) Scheme certificate not surrendered*.

*Strike out whichever is not applicable.

Date 01/01/2021
(Date of joining of employee)

Lab.
Signature or left hand thumb
impression of the employee

Shri/Smt. PATEL MAYANK PRAFUL
(Name of Employee)
in M/s UIDAI, Collectorate Office, Dholar, Moti Daman
(Name of the present employer)

is appointed as DATA ENTRY OPERATOR
(Designation with Co.)
with effect from 01/01/2021
(Date of appointment)

P.F. Account Number ..
(PF No. with Estt. Code of present employer)

Date 01/01/2021
(Date of joining of employee)

Signature of the Employer/Manager or Other
Authorised Officer with Office Seal

To whomsoever it may Concern

This is to certify that I, Patel Mayank Praful, Son of Prafulbhai Mithhalbhai Patel,
has joined Prakhar Software Solutions Pvt Ltd and am, not willing to take the benefits of the Provident
Fund during my employment with Prakhar Software Solutions Pvt Ltd.
Hence, the company need not deduct PF component from my salary.

Yours Sincerely,

Name: Patel Mayank Praful

Signature of the Applicant:



Date: 18/01/2021

Place: Daman

क्रमांक /No. 000439

संघ प्रदेश दमन एवं दीव प्रशासन
ADMINISTRATION OF DAMAN AND DIU (U.T.)

योजना एवं सांख्यिकी विभाग, दमण
DEPARTMENT OF PLANNING AND STATISTICS, DAMAN.

प्रारूप सं. 5 / Form No. 5

(नियम 8 देखें / see rule 8)

जन्म प्रमाणपत्र
BIRTH CERTIFICATE

जन्म और मृत्यु पंजीकरण अधिनियम 1969 की धारा 12 के अधीन जारी किया गया।
Issued under section 12 of the Registration of Births Deaths Act 1969
section 17

प्रमाणित किया जाता है कि निम्नलिखित जानकारी जन्म के मूल अभिलेख से ली गई है। यह जानकारी दमन एवं दीव संघ प्रदेश के जिले की तहसील के रजिस्टर में दर्ज है।
(स्थानीय क्षेत्र)

This is to certify that the following information has been taken from the original record of birth which is in the register for Pariyari group gram Panchayat

of Taluka Daman of District Daman of U.T. of Daman & Diu.

नाम/Name MAYANK PRAFUL PATEL

पंजीकरण संख्या / Registration No. 34/2002

लिंग/ Sex Male

पंजीकरण की तारीख /

जन्म की तारीख / Date of Birth 09/10/1998 Date of Registration 02/07/2002

जन्म स्थान / Place of Birth Pariyari

पिता का नाम / Name of Father Prfulbhai Mittalbhair Patel

माता का नाम / Name of Mother Sangitaben Prfulbhai Patel

Simbali.

Registrar of Births & Deaths

जारी करने वाले अधिकारी के हस्ताक्षर

Signature of issuing authority
(Registrar of Births & Deaths)

मोहर / Seal

तारीख / Date : 02/07/2002

Govt. Printing Press, Daman - 11-2001/2002

(PAQUER CHIEF)
BY DIRECTOR

मुख्य पंजीकार
ADOL CHIEF Registrar
(Facsimile Signature)
DAMAN

अनु प्रमाणित करना/ATTESTED
वही प्रतिलिपि/TRUE COPY

HEAD - MASTER
GOVT. HIGH SCHOOL
PARIYARI - DAMAN



GOVT. HIGHER SECONDARY SCHOOL - ZARI

ZARI, MOTI DAMAN - 396 220. Tel. : +91-260-2992415, E-mail : ghsszarimotidaman@gmail.com

LEAVING CERTIFICATE

LC Serial No. : 235
G. R. No. : 649
Name of the student : PATEL MAYANK PRAFUL
Religion / Caste : Hindu - Koli
Place of Birth : Pariyari, Dist. Daman
Date of Birth (In Figure) : 09-Oct-1996
(In Words) : Nineth October Nineteen Ninety Six
Last School Attended : Govt. High School, Pariyari, Moti Daman
Date of Admission & Std. into which Admitted : 02-Jul-2012 Standard : 11 General
Progress : Good
Conduct : Good
Date of Leaving the School : 31-May-2014
Standard in which studying and since when
In Words : STd. Twelfth Com. Since June Two Thousand Thirteen
In Figures : Std. XII th Com. Since June 2013
Reason for Leaving the School : To go elsewhere
Remarks : Std. XII th Commerce Passed in March 2014 with First Attempt

Certified that the above information is in accordance with the School Register.

Date : 05-Jun-2014



Head Master 5/6/14
Govt. Higher Secondary School,
Zari - Moti Daman

Class Teacher

Note : No change in any entry is to be made except by authority issuing the certificate and any infringement of the rule will punished with rustication.

TRUE COPY ATTESTED

Head Master
Govt. Higher Secondary School,
Zari, Moti-Daman.

No.5/2/DOMI-CER/2015 / 10042
Administration of Daman & Diu
Office of the Mamlatdar, Daman.
At New Collectorate Campus,
Dholar, Moti Daman.

Dated: - 12 /01/2016.

READ 1. Application dated:- 12/01/2016

Mayank Praful Patel.

2. Applicant Submitted:

12/01/2016

- i. Aadhaar card
- ii. Ration Card
- iii. Birth Certificate

3) Statement of Applicant and Panchas dated

12/01/2016

4) Report of the Talathi dated

12/01/2016

5) Enquiry report from C. I. Daman dated

12/01/2016

DOMICILE CERTIFICATE

This is to certify that Mayank Praful Patel Son/Daughter/wife
Prafulbhai Mitthalbhai Patel resident of H.No, 131, Patel Falia,
Pariyari, Moti Daman District Daman is a Domicile of U.T. of Daman
& Diu.



(D. R. DAMANIA)
Mamlatdar, Daman.

रोल नं. Roll No. 00160825000082

प्रमाण-पत्र सं. Certificate No. 18254000000046



भारत सरकार

GOVERNMENT OF INDIA

कौशल विकास एवं उद्यमिता मंत्रालय

MINISTRY OF SKILL DEVELOPMENT AND ENTREPRENEURSHIP

राष्ट्रीय व्यावसायिक प्रशिक्षण परिषद्

NATIONAL COUNCIL FOR VOCATIONAL TRAINING

राष्ट्रीय व्यवसाय प्रमाण-पत्र NATIONAL TRADE CERTIFICATE

श्री/श्रीमती/कुमारी Shri/Smt/Kumari PATEL MAYANK PRAFUL

पुत्र/पत्नी/पुत्री श्री Son/Wife/Daughter of Shri PATEL PRAFULBHAI MITTHALBHAI

माता का नाम श्रीमती Mother's name Smt. MRS. SANGITA

जन्म तिथि Date of Birth 09-Oct-1996

संस्था का नाम Name of the Institute GR25000001-GOVT. INDUSTRIAL TRAINING INSTITUTE, DAMAN
RINGANWADA, PO. VARKUND, M. G. ROAD, NANI DAMAN, DAMAN - 396210, Daman, Daman & Diu-396210

व्यवसाय का नाम Name of the Trade Electrician

प्रशिक्षण अवधि Training Duration 4 semester प्रवेश सत्र Admission Session Aug 2016

को अखिल भारतीय व्यवसाय परीक्षा having passed All India Trade Test, माह Month Jul वर्ष Year 2018

उत्तीर्ण होने पर यह व्यवसाय प्रमाण-पत्र प्रदान किया जाता है। is hereby awarded this Trade Certificate.

सदस्य सचिव Member Secretary

दिनांक Date 24-Oct-2018

राष्ट्रीय व्यावसायिक प्रशिक्षण परिषद् National Council For Vocational Training

This is a computer generated certificate and it does not require any physical signature or attestation. All contents of this certificate can be verified for authenticity by the process of online verification through scanning the QR code printed above. The verification can also be done by visiting NCVT MIS portal (<http://ncvt.nic.in/Pages/CertificateValidation.aspx>) and entering the Certificate number.

-----FRONT-----Cut from this line and use as pocket NTC-----BACK-----



भारत सरकार GOVT. OF INDIA

कौशल विकास एवं उद्यमिता मंत्रालय
MINISTRY OF SKILL DEVELOPMENT AND ENTREPRENEURSHIP

राष्ट्रीय व्यावसायिक प्रशिक्षण परिषद्
NATIONAL COUNCIL FOR VOCATIONAL TRAINING

राष्ट्रीय व्यवसाय प्रमाण - पत्र NATIONAL TRADE CERTIFICATE

श्री/श्रीमती/कुमारी Shri/Smt/Kumari PATEL MAYANK PRAFUL

पुत्र/पत्नी/पुत्री श्री Son/Wife/Daughter of Shri PATEL PRAFULBHAI MITTHALBHAI

व्यवसाय Trade Electrician

Roll No. 00160825000082

Cert No. 18254000000046

आधार कार्ड संख्या Adhar card no. 645325400854

जन्म तिथि Date of Birth 09-Oct-1996

संस्था Institute GR25000001-GOVT. INDUSTRIAL TRAINING INSTITUTE, DAMAN
RINGANWADA, PO. VARKUND, M.G. ROAD, NANI DAMAN, DAMAN - 396210,
Daman, Daman & Diu-396210

प्रशिक्षण की अवधि Training Duration 4 semester

प्रवेश सत्र Admission Session Aug 2016

अखिल भारतीय व्यवसाय परीक्षा All India Trade Test passed in माह Month

Jul वर्ष Year 2018


सदस्य सचिव Member Secretary

राष्ट्रीय व्यावसायिक प्रशिक्षण परिषद् National Council For Vocational Training



ગુજરાત માધ્યમિક અને ઉચ્ચતર માધ્યમિક શિક્ષણ બોર્ડ, ગાંધીનગર
Gujarat Secondary & Higher Secondary
Education Board, Gandhinagar
ગુણપત્રક-ઉચ્ચતર માધ્યમિક પ્રમાણપત્ર પરીક્ષા - 2014
Statement of Marks - Higher Secondary Certificate Examination - 2014

H 0498845

પરીક્ષણ માસ અને વર્ષ MONTH & YEAR OF THE EXAM	કેન્દ્ર નંબર CENTRE NO.	શાળા ક્રમાંક SCHOOL INDEX NO.	સ્ત્રોત STREAM	પત્રક ક્રમાંકનું નંબર SR. NO. OF STATEMENT
MARCH 2014	093	20.015	GENERAL	443764
સીટ નંબર SEAT NO.	અભ્યાસકર્તા નામ CANDIDATE'S NAME			
G 234846	PATEL MAYANK PRAFUL			
વિષયનું નામ કોડ નંબર સાથે NAME OF THE SUBJECT WITH CODE NO.	કુલ ગુણ TOTAL MARKS	પેપર ગુણ + દુષ્કર્મ ગુણ MARKS OBTAINED + CONDONED	પેપર ગુણ MARKS OBTAINED IN WORDS	વિષયનું ગ્રેડ SUBJECT WORD GRADE
001 GUJARATI (F.L.)	100	046	ZERO FOUR SIX	C2
013 ENGLISH (S.L.)	100	063	ZERO SIX THREE	B2
022 ECONOMICS	100	049	ZERO FOUR NINE	C2
046 ORG. OF COMM.	100	047	ZERO FOUR SEVEN	C2
135 STATISTICS	100	068	ZERO SIX EIGHT	B2
139 SOCIOLOGY	100	070	ZERO SEVEN ZERO	B2
154 ELEMENTS OF ACC	100	037	ZERO THREE SEVEN	D
કુલ ગુણમાંથી મેળવેલ ગુણ OBTAINED MARKS OUT OF TOTAL MARKS		380/700	ગ્રેડ GRADE	C1
મેળવેલ કુલ ગુણ શબ્દોમાં TOTAL MARKS OBTAINED IN WORDS		THREE HUNDRED EIGHTY ONLY		
પરિણામ RESULT	ELIGIBLE FOR QUALIFYING CERTIFICATE			
કમ માપક PERCENTILE RANK	46.30			
<p>જાણવવાનું : આ ગુણપત્રકમાં કોઈ કસ્ટોમર કમ્પ્લેન્ટ સિવાય કોઈ ફરિયાદ સ્વીકારી નહીં અને જો કોઈ ગુણપત્રક રદ કરે અને બોર્ડ કાર્યકરના પત્રમાં લેશે.</p> <p>IMPORTANT : Any change in this document except by the issuing authority, will result into cancellation of the statement and shall also involve imposition of appropriate legal action.</p>		 પરીક્ષા સચિવ/EXAMINATION SECRETARY		



Gujarat Secondary & Higher Secondary Education Board, Gandhinagar

0215145 Examination Wing, Vadodara

STATEMENT OF MARKS CUM CERTIFICATE

(This is to certify that)

PATEL MAYANK PRAFUL

has acquired following grade in the Secondary School Certificate Examination and qualified for certificate thereof.

MONTH & YEAR OF THE EXAM.	SEAT NO.	CENTRE NUMBER	SCHOOL INDEX NO.	SR. NO. OF STATEMENT
MARCH-2012	B 581232	265	71.011	787033

NAME OF THE SUBJECT WITH CODE NO.	TOTAL MARKS	MARKS OBTAINED + CONDOIED	% TOTAL	MARKS OBTAINED IN WORDS	SUBJECT WISE GRADE
01 GUJARATI FL	100	041		ZERO FOUR ONE	C2
10 SOCIAL SCIENCE	100	050		ZERO FIVE ZERO	C2
11 SCIENCE & TECH.	100	033		ZERO THREE THREE	D
12 MATHEMATICS	100	045		ZERO FOUR FIVE	C2
16 ENGLISH SL	100	041		ZERO FOUR ONE	C2
	500	210			

GRAND TOTAL OF MARKS OBTAINED TWO HUNDRED TEN ONLY


PERFORMANCE IN THE SUBJECTS OF SCHOOL BASED EXAMINATION	
NAME OF THE SUBJECT WITH CODE NO.	SUBJECT WISE GRADE
17 SANSKRIT SL	B2
40 YOG, SWA & SHA SHIK-T	B2
64 YOG, SWA & SHA SHIK-P	B1

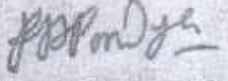
GRADE	PERCENTILE RANK	DATE OF BIRTH (in Figure)
C2	20.23	09/10/96

DATE OF BIRTH (in Words)	NINE OCTOBER NINETEEN NINETY SIX
RESULT	QUALIFIED FOR SECONDARY SCHOOL CERTIFICATE

IMPORTANT : Any change in this document except by the Issuing Authority will result in cancellation of the document and shall also invoke imposition of appropriate legal action.

(i) XO : indicates 'Exemption' (> 33%)
(ii) AO : indicates 'Absent'.




 EXAMINATION SECRETARY

Generally used abbreviations

a/c = Account	dep = Deposit	Pr = Principal
adj = Adjustment	Dft = Draft	proc = Processing Charge
Amt = Amount	dis/dsh = Dishonour	rd = Recurring Deposit
Ar = Arrear	DR = Debit	rel/m = Return
bal = Balance	DOB = Date of Birth	Rnd = Round of
Capn = Capitalization	eft = Electronic Fund Transfer	sb = Savings Bank
chg/ch = Charge	lnop = Inoperative	SC = Short Credit
chq = Cheque	ins = Insurance	S/So/SORD = Standing Instruction
Clos = Closure	int/in = Interest	S/DW/H/o = Son/Daughter/Wife/Husband of
coll = Collection	lon/ln = Loan	tr/trf/xfer = Transfer
comm = Commission	min = Minimum	TT = Telegraphic Transfer
COR/CORR = Correction	os = Outstanding	txn = Transaction
CR = Credit	P & T = Postage & Telegram	Wdl = Withdrawal
cash = Cash	Pos = Point of sale	+MOD bal = total balance (SB + linked MOD a/c)

Toll Free No. 18004253800/1800112211

भारतीय स्टेट बैंक

State Bank of India

Savings Bank Account
CIF No : 89713605484
Account No : 36709452378
Customer Name: Mr. MAYANK PRAFUL PATEL

MOTI DAMAN
OPP FOOTBALL GROUND

S/D/W/H/O: PRAFULBHAI PATEL
Address: H NO 131 PATEL FALIA

PARIYARI
MOTI DAMAN

Phone:
Email:
D.O.B. (If Minor):
MOP.: SINGLE
No. HELpline: 803 425 3800/1800 11 22 11

Phone:
Email: sbi.02671@sbi.co
Branch Code: 2671
Date of Issue: 23/03/20
23/03/2017 7666543 2
IFSC: SBIN0002671
MICR: 39999 99999
FIR Branch Manager