

Affix Your Photograph Here

CANDIDATE INFORMATION FORM

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

Sakshi Vijay Kale
 (First Name) (Middle Name) (Last Name)

2. Permanent Address:

3.1 Street Address: hari om nagar
 3.2 City: Jalgaon 3.3 State: Maharashtra
 3.4 Zip Code: 412512 3.5 Country: India

3. Current Address:

3.1 Street Address: hari om nagar
 3.2 City: Jalgaon 3.3 State: Maharashtra
 3.4 Zip Code: 412512 3.5 Country: India

4. Date of Birth: 28/12 /2001 **5. Age:** 19 **6. Gender:** Female

7. Passport: -- **8. Mobile:** 98756324 **9. PAN No.:** 852369741

10. Visa: -- **11. Email ID:** sakshikale@gmail.com

12. Name of Emergency Contact:

13. Emergency Contact's Number: 745213 **14. Available for Relocation:**



15. EDUCATIONAL QUALIFICATION: (Starting from recent)

Sr No.	Name of the School/ University	Qualification	% or CGPA	Pass out Year
1	Mnhk	10	80	2019
2	Okli	12	96	2021
3	Plk	Graduation	88	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
1	Vbh	12 months


17. Details of Family Members:

Relation	Occupation/Profession	Resident Location
Father/ Mother	Worker	Pune
Brothers	Student	Pune
Sisters	Student	Pune
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