



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 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 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

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Signature

A handwritten signature in black ink, appearing to be 'Kale', enclosed in a rectangular box. The signature is stylized with loops and a trailing dot.