

Personal Information

Personal Information

Candidate's Name

First name*

Mayur

Middle name

Mallikarjun

Last name*

Kongutte

Father's name*

Mallikarjun

Personal Details

Date of birth*

Day

25

Month

June

Year

2002

Gender*

Male

Marital status

unmarried

Nationality*

Indian

Personal Identity Details

Examples of Identity Type - Passport, Pan Card, Driving License, Election ID Card etc.

Identity type

Pan Card

Identity number

KJHPK4561C

Contact Details

Personal email address*

mayur.kongutte2002@gm

Official email address

konguttemm20.comp@co

Home phone

Country Code

Area Code

Phone No.

Office phone

Country Code

Area Code

Phone No.

Mobile*

Country Code

Phone No.

+91

9422107805

NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.

Education

Education (Highest Qualification)

Education Details

Provide available and relevant details only. Enter "NA" wherever the field is Not applicable.

Please enter your 1 completed highest qualification details only.

Name of the candidate while attending the below qualification*

Kongutte Mayur Mallikarju

Complete name of Qualification/ Degree
Attained*

Please enter the name of your complete qualification; do not use any abbreviation. Mention the full form of the qualification

Higher Secondary Certifici

Year of passing*

2020

School / College / Institution attended (full name)*

Shri Shivaji College,Parbh

University name*

Swami Ramanand Teerth

Major

Science

School/College/Institution Address

Basmat Road,Parbhani-
431401

Qualification Completion Dates

Dates Attended (From)*

Day Month Year
20 June 2018

Dates Attended (To)*

Day Month Year
30 April 2020

Educational Identification Details

Enrollment number

Seat number*

R066040

Roll number

Convocation number

PRN number

Identification Type (Eg. SSN, HKID, Passport#, NRIC # etc).*

NA

NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.

Criminal

Court records

Kindly update your current and permanent address.

If your current and permanent address are same, then kindly update only current address.

Type of address*

☒ Current ☐ Permanent

Personal Details

Candidate's full name

Mayur Mallikarjun Kongut

Date of birth

Day Month Year
25 June 2002

Father's name

Mallikarjun

Address Details

Flat number*

E-104

Apartment number/ Unit/ House/ Building*

E-block

Building number and name & Road name*

COEP Hostel

Landmark*

Near Sancheti Hospital

City/ Town/ Area/ District*

Shivajinagar

City name*

Pune

Address pin ZIP/ Pin / Postal code*

411005

Country & City/ State acquired*

Pune, India

State / County/ Province/ Prefecture*

Maharashtra

Contact Details and Period of Stay

Contact phone number

9422107805

Period of stay (From)*

Day Month Year
4 November 2021

Period of stay (To)*

Day Month Year
20 May 2023

If you have any gaps in employment or education to employment more than 06 month then provide address details for those Gap period.

Complete address*

NA

Period of Stay (From) Previous address*

Day Month Year
21 March 2023

Period of Stay (To) Previous address*

Day Month Year
21 March 2023

NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.

Address

Current Address - Physical Verification

Please enter your current address details only.

Address Details

Apartment/Flat/House/Unit number*

E-104

Building/Apartment name*

E-block, COEP Hostel

Area/Locality name*

Shivaji Nagar

Street / Road Name*

JM Road

City/Town/Suburb/Area/District*

Pune

County / State*

Maharashtra

Landmark (Within 50 - 75 meters of address)*

Near Sancheti Hospital

Country*

India

Post / ZIP code*

411005

Father's name*

Mallikarjun

Contact Details & Period of Stay

Hand phone (Cell phone)

9422107805

Land line

Period of stay (From)*

Day Month Year
4 November 2021

Period of stay (To)*

Day	Month	Year
21	March	2023

Other Details

Nationality

National identity number

National insurance number

Social insurance number

Social security number (SSN)

Additional information

NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.

Permanent address - Physical Verification

Please enter your permanent address details only.

Address Details

Apartment/Flat/House/Unit number*

Building/Apartment name*

Area/Locality name*

Street / Road Name*

City/Town/Suburb/Area/District*

County / State*

Landmark (Within 50 - 75 meters of address)*

Country*

Post / ZIP code*

Father's name*

Contact Details & Period of Stay

Hand phone (Cell phone)

Land line

Period of stay (From)*

Day	Month	Year
25	June	2002

Period of stay (To)*

Day

21

▼

Month

March

▼

Year

2023

▼

Other Details

Nationality

Indian

National identity number

National insurance number

Social insurance number

Social security number (SSN)

Additional information

NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.

Drug Test

5 Panel Drug Test

Please update correct and complete name*

Mayur Mallikarjun Kongutte

NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.

Pan card Verification

Pan Card Verification

Candidate details

Name as per pan card*

Mayur Mallikarjun Kongut

Date of birth*

Day

25

▼

Month

June

▼

Year

2002

▼

Pan Card Number*

KJHPK4561C

NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.

Driving license**Driving Licence****Candidate Details**

Name of the candidate

Mayur Kongutte

Name as per driving license

Mayur Kongutte

Date of birth

Day

25

Month

June

Year

2002

Father's name

Mallikarjun Kongutte

Address and Contact number

Apartment/Flat/House/Unit Number

156

Building/Apartment Name

Mayur

Landmark

Near Kalika Temple

Area/Locality Name

Shivram Nagar

Street / Road Name

Basmat Road

City/Town/Suburb/Area/District*

Parbhani

Post / ZIP Code

431401

Country

India

County / State

Maharashtra

Contact phone number

9422107805

Driving License Details

Driving license number*

MH22 20210006137

Place of issue

Parbhani

Date of validity (From)

Day

26

Month

August

Year

2021

Date of validity (To)

Day

24

Month

June

Year

2042

NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.

