Print this Page

Personal Information

Personal Information

Candidate's Name

First name*	Middle name	Last name*
Mayur	Mallikarjun	Kongutte
Father's name*		
Mallikarjun		
Personal Details		
Date of birth*		
Day Month	Year	
25 V June	2002 ~	
Gender*		
Male		
Marital status	Nationality*	

Personal Identity Details

unmarried

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

Indian

Identity type	
Pan Card	
Identity number	
KJHPK4561C	
Contact Details	
Personal email address*	Official email address
mayur.kongutte2002@gm	konguttemm20.comp@co
Home phone	Office phone
·	'
Country Area	Country Area
Code Code Phone No.	Code Code Phone No.
Mobile*	
Country	
Code Phone No.	

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

+91

Education (Highest Qualification)

9422107805

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.
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Name of the candidate while attending the below qualification* Kongutte Mayur Mallikarjı
Complete name of Qualification/ Degree Attained* Higher Secondary Certifics Please enter the name of your complete qualification; do not use any abbreviation. Mention the full form of the qualification
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).*

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 perma	anent address.	
If your current and permanent addres	ss are same,then kindly update only curre	ent address.
Type of address* Current Permanent		
Personal Details		
Candidate's full name Mayur Mallikarjun Kongut		
Date of birth Day Month Year 25 V June V 2002 V		
Father's name Mallikarjun		
Address Details		
Flat number*	Apartment number/ Unit/ House/ Building*	
E-104	E-block	
Building number and name & Road name*	Landmark*	
COEP Hostel	Near Sancheti Hospital	
City/ Town/ Area/ District* Shivajinagar		
City name*	Address pin ZIP/ Pin / Postal code*	
Pune	411005	
Country & City/ State acquired*	State / County/ Province/ Prefecture*	
Pune,India	Maharashtra	
Contact Details and Period of Stay		
Contact phone number 9422107805		
Period of stay (From)*		

Year

2023 🗸

Period of stay (To)*

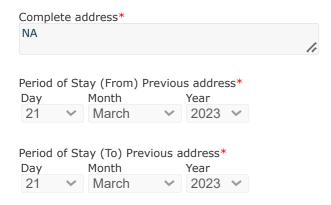
Month

May

Day

20

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



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.

Λ	d	d	ress
\rightarrow			1255

Current Address - Physical Verification

Please enter your current address details only.

Address Details	
Apartment/Flat/House/Unit number*	Building/Apartment name*
E-104	E-block,COEP Hostel
Area/Locality name*	Street / Road Name*
Shivaji Nagar	JM Road
City/Town/Suburb/Area/District*	County / State*
Pune	Maharashtra
Landmark (Within 50 - 75 meters of address)*	
Near Sancheti Hospital	
	- · · ·
Country*	Post / ZIP code*
India	411005
Fath outs we make	
Father's name*	
Mallikarjun	
Courts at Data to 0. Dayled of Class	
Contact Details & Period of Stay	
Hand phone (Cell phone)	
9422107805	
Land line	
Period of stay (From)*	
Day Month Year	
4 V November V 2021 V	



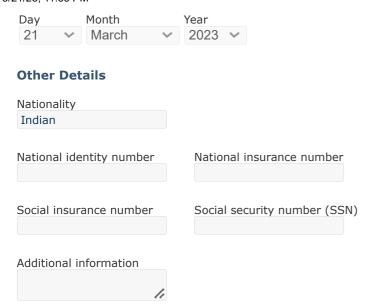
NOTE: Please complete all mandatory fields (indicated with an asterisk) and save the information you have entered by clicking on the "Save" button before logging out. Failure to do so will result in all information entered to be lost.

Permanent address - Physical Verification

Please enter your permanent address details only.

Address Details

Apartment/Flat/House/Unit number*	Building/Apartment name*
156	Mayur
Area/Locality name*	Street / Road Name*
Shivram Nagar	Basmat Road
City/Town/Suburb/Area/District*	County / State*
Parbhani	Maharashtra
i di Bridin	Handrashad
Landmark (Within EQ. 75 maters of address)*	
Landmark (Within 50 - 75 meters of address)* Near Kalika Temple	
Near Kalika Terripie	
Country*	Post / ZIP code*
India	431401
Father's name*	
Mallikarjun	
Contact Details & Period of Stay	
Hand phone (Cell phone)	
9422107805	
Land line	
Period of stay (From)*	
Day Month Year	
25 × June × 2002 ×	
Period of stay (To)*	



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*



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.

3/21/23, 11:53 PM
Driving license
Driving Licence
Candidate Details
N. 611 111.
Name of the candidate
Mayur Kongutte
Name as per driving license
Mayur Kongutte

Date of birth
Day Month Year
25 V June V 2002 V

Father's name
Mallikarjun Kongutte

Address and Contact number

Apartment/Flat/House/Unit Number	Building/Apartment Name
156	Mayur
Landmark	
Near Kalika Temple	
Area/Locality Name	Street / Road Name
Shivram Nagar	Basmat Road
City/Town/Suburb/Area/District*	Post / ZIP Code
Parbhani	431401
Country	County / State
India	Maharashtra

Driving License Details

Contact phone number

9422107805

Driving license number* MH22 20210006137 Place of issue Parbhani Date of validity (From) Day Month Year 26 2021 🗸 August Date of validity (To) Day Month Year June 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.