



Affix Your Photograph Here

## CANDIDATE INFORMATION FORM

	Block Letters- As specified on Pas MARTH PRAMOI) KA	ARGAIF	:	
	(Middle N			
2. Perma	nent Address:			(Last Name)
3.1 Street /	Address: 501 - Mauli W	oial to		
3.2 City: _	Address: 501- Mauli H	eights, moka	irwadi'	
3.4 Zip Coo	de: 411041	_ 3.3 State: M a	harastr	9
		_ 3.5 Country:	ndia	
Gallel	IL AUGress.			
3.1 Street	Address: 04-Prisha Re	sidence of	.,	
3.2 City: _	Latur	Mate	y Naga;	Y
3.4 Zip Co	de: 413512	_ 3.3 State:	narashto	CG
4. Date	of Birth: 02 101 160	_ 3.5 Country:	India	
7. Passn	ort:	.22	6. Gender:	Male
7. Passp	of Birth: <u>92/07/02</u> 5. Age: 8. Mobile:	8888227416	6. Gender:	Male . Study on
10. Visa	11. Email TD	8 GOOD 14 16	9. PAN No.	Male STUPK 64.
10. Visa: 12. Nam	:11. Email ID:	Samkargale ag	9. PAN No.	: STOPK 64:
10. Visa: 12. Nam	:11. Email ID:	Samkargale ag	9. PAN No.	: STOPK 64:
10. Visa 12. Nam 13. Eme	11. Email ID:	samkargale (gg) narth Parth 6 4 66299 14.	9. PAN No.	: STOPK 64:
10. Visa 12. Nam 13. Eme	11. Email ID:	samkargale (gg) narth Parth 6 4 66299 14.	9. PAN No.	: STOPK 64:
10. Visa 12. Nam 13. Eme	11. Email ID:	Samkargale (Gg)  narth Farth  646299 14. I	9. PAN No.	: STOPK 64:
10. Visa 12. Nam 13. Eme 15. EDU	11. Email ID:  12. Email ID:  13. Email ID:  14. Email ID:  15. Sqn  16. Sqn  17. Email ID:  17. Email ID:  18. Sqn  18.	Samkargale (Gg)  narth Parth  646299 14. I	9. PAN No.	Relocation:
10. Visa: 12. Nam 13. Eme 15. EDU	11. Email ID:	Samkargale (Gg)  Samkargale (Gg)  Darth Parth  646299 14.  Ting from recent)  V Qualification	9. PAN No.	Relocation: Pass out
10. Visa 12. Nam 13. Eme 15. EDU	11. Email ID:  12. Email ID:  13. Email ID:  14. Email ID:  15. Sqn  16. Sqn  17. Email ID:  17. Email ID:  18. Sqn  18.	Samkargale (Gg)  Samkargale (Gg)  Darth Parth  6 4 66299 14.  Ting from recent)  V Qualification  BE	9. PAN No.  Mail- Com  Available for  CGPA  8.53	Relocation:
10. Visa: 12. Nam 13. Eme 15. EDU	11. Email ID:  Se of Emergency Contact: Sgn  rgency Contact's Number: 976  CATIONAL QUALIFICATION: (Star  Name of the School/ University	Samkargale (Gg)  Samkargale (Gg)  Darth Parth  646299 14.  Ting from recent)  V Qualification	9. PAN No.	Relocation: Pass out

# 15. Details of any important training

Program Program	
Program  Contents  Organizate  Organizate	
Course Table av Organized By	У
Java Zwer	Duration
Naven	3 Months
16. Please list the technical or professional certification	3 Months
Sr. NO	

Sr. NO	technical or professional co	Prisi-	
,	Certification	recording you completed	
2	Jova	Duration	
	AI	3 Months.	
17. Details of F	amily Members:	4 Months	
Polari	members:		

ather/ Mother	Occupation/Profession	Resident Location
Brothers	Teacher	
Sisters		Latur
Spouse	Student	
Children		CATUR.

### 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	
Sandesh Dhaman Sandesh Alterna	React Developer  C++ Devloper  e & Java Developer	866 890 3099 721825 7751 9637321799	

Signature