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CANDIDATE INFORMATION FORM

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

VIRAJ SUHAS CHIKHALE
 (First Name) (Middle Name) (Last Name)

2. Permanent Address:

3.1 Street Address: PARADICE PARK, NEAR GATHA MEDICAL, INFRONT OG SW FITNESS CLUB
 3.2 City: Manchar 3.3 State: Maharashtra
 3.4 Zip Code: 410415 3.5 Country: India

3. Current Address:

3.1 Street Address: At: vitthalwadi post kalamb, tal ambeagoan, dist pune
 3.2 City: Manchar 3.3 State: Maharashtra
 3.4 Zip Code: 410415 3.5 Country: India

4. Date of Birth: 25 / 01 / 2004 5. Age: 21 6. Gender: Male

7. Passport: No 8. Mobile: 9766466299 9. PAN No.: CTPE124532

10. Visa: No 11. Email ID: chikhaleviraj@gmail.com

12. Name of Emergency Contact: Suhas chikhale

13. Emergency Contact's Number: 8208828221 14. Available for Relocation: ☒

15. EDUCATIONAL QUALIFICATION: (Starting from recent)

Sr No.	Name of the School/ University	Qualification	% or CGPA	Pass out Year