Deloitte.

(Please complete this section and return to HR)

Last Name	Middle Name	First Name	Candidate Full Name:
Kan davalli		Vishol	

			The state of the s
Existing Employer	(apgernini	Employed From(Month/Yr)	TUDE / 2017
Line of Business	200000000000000000000000000000000000000		4
Designation	ASSOCIONE Consultant	Effective From(Month/Yr)	JUW 2010
Responsibilities	# 02		
Work Location	Jalore		
Contact Phone No.		Notice Period To Serve	ap days.

Additional Comments (if any)	Expected Compensation	Compensation Effective Date: 01-07-2019	Other Annual Amounts/Benefits	Variable Performance Incentive	Flexible Benefit Plan (List Components)	Monthly Gross	Other Monthly Allowance(s) - special allowance	City Compensatory Allowance (SHONOTON BOOD)	Medical Allowance	Conveyance Allowance	HRA	Basic Pay	Cash Components	Current Cost to Company Details:
	Mention Monthly To	Annual Total Compensation	10,450			36,526 -	2631/-	2980 -		1	68221-	13,643/-	Monthly (Rs.)	
	833-	C.	71,269				23387	23840			51294	102583	Annua I (Rs.)	
	Mention Annual Ks. 8 50,000 -	4,45,000 -						(Advisor Shoolow Bons)					Remarks (fr any)	

Offer Made By	Expected Date of Joining	Proposed Service Area / Location	Annual Gross to be Offered (CTC)	Designation to be offered and Level	For Deloitte HR Use (If Selected)
			Signature of the practituding - coo		