Maharashtra Knowledge Corporation Limited

Candidate Profile

1. Perso	onal Details:								
Title: Mr	/ Mrs./ Miss./ Dr								
First Nam	e: M	ddle Name:	I	ast Name:					
Gender:									
Date of B	rth (dd/mm/yyyy):	Age in	Years: N	Ionths:					
Place of Birth: Sate of Birth: Country of Birth:									
Blood Gro	oup:								
Nationalit	y:								
Mother To	ongue:								
Any other	languages known (Please s	pecify the name	of the language	and tick wherever	applicable)				
Sr. No	Name of Langu	ungo	Understand	Speak	Read	Write			
1	Name of Langu	lage	Understand	Бреак	Read	write			
3									
4 5									
3									
2. Add	lress Details:								
Address fo	or correspondence:								
Address:									
City:	State:_		Country : _		Pin/Zip:				
Permanen	t Address:								
Address: _									
City:	State:		Country :		Pin/Zip:_				

3. Contact Details	3•			
Email 1:	Telephone 1:	Country Code	STD Code	Number
	_			
Email 2:	Telephone 2:	Country Code	STD Code	Number
			212 0000	T (MALOUX
Cell Phone No.:	Country Code N	umber		
4. PAN No:				
AADHAAR No:_				
# D (D)	ı (Te			
5. Passport Detail	•			
Passport No:		Pl	ace of issue:	
Date of issue:		Da	ate of expiry:	
Issuing Authority:		ECR required: Yes/ N	No: If yes, please	e give details:
C Duiving Liegns	o Dotoila (If ours)			
6. Driving Licens	-			2
License No:		Class (es) of vehicle:		Place of issue:
Date of issue:		Date of expiry:		
7. Disability Deta	ils:			
Physical handicap (if		Nature of disability (if ar	mlicable):	
Thysical nandicap (n	rany). Tes/140	rvature of disability (if ap	рисаоте)	
8. Family Details:	:			
				n/yyyy) (If applicable) :

9. Academic Records (Starting from Std. 10th):

Sr. No.	Qualification	Name of the School / College / University	Place	Name of Board / University	Percentage	Grade	Month & Year of passing
1							
2							
3							
4							
5							

10. Certificate Courses (if any):

Sr. No.	Name of the Certificate Course	Name of the Certifying Authority	Percentage	Grade	Month & Year Of Passing	Name of the sponsor (If any)
1						
2						
3						
4						

11. Computing Skills:

Sr. No.	Technology	Details of Experience
1		
2		
3		
4		
5		

12. Work Experience, if any, before joining current company (In chronological order: Latest first)

Sr. No.	Name and Address of the Organization	Website of the organization	Place of Posting	Designation and Job Responsibilities	Tools / Platforms /Methodologies / Skills / Competencies	Reporting to (Name and Designation)	From (dd/mm/yyyy)	To (dd/mm/yyyy)	No of Years and Months of Work Experience	Annual Salary (Cost to Company in Rs.)
1										
2										
3										
4										

Total Years and Months of Experience

13. Reference(s):

Sr. No.	Names and Contact Details of References
1	
2	

14. Hobbies, Sports, Cultural Activities, etc:

Sr. No.	Hobbies / Sports / Cultural Activities	Details
1		
2		
3		

15. Workshops, Conferences, Seminars, Trainings:

Sr. No.	Name of the Event	From (dd/mm/yyyy)	To (dd/mm/yyyy)	City, State & Country	Name of the organizer	Topic	Certificate Received (if any)
1							
2							
3							