

Contact
Mobile Number :
e-mail:

Education:

NAME:

S No.	Course Name	Subjects	Board / University	Year of Passing	% marks / CGPA
1	PG				
2	UG				
3	12th				
4	10th				

Internship	/ Project:
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Organization	:
Duration	:
Title	:
Brief descript	ion

Software / Computer Proficiency:

Awards/ Achievements:

Extra Curricular Activities OR Interests / Hobbies :

Personal Details:

Date of Birth:

Father's Name:

Languages Known:

Permanent Address