

| | EDEE LANCEDIC | DECISTRATION FORM | | | | |
|---------------------------|-----------------------------------|-----------------------------------|-------------|--------------|-----------------|--|
| - | FREE LANCER'S | REGISTRATION FORM | | | | |
| To, | | | | | | |
| Market Xcel Data Matrix | | | | | | |
| 17, Okhla Industrial Esta | ite Phase 3 Rd | | | Please Fix F | Passport | |
| Okhla Phase III, Okhla In | ase III, Okhla Industrial Estate, | | | | Size Photograph | |
| New Delhi 110065. | • | | | | 0 | |
| | | | | | | |
| Date of Application | Please read carefu | ılly beforé you sign this applica | tion. | | | |
| | PERSONA | LINFORMATION | | | | |
| Name | Sarikeumae | | | | | |
| Present | 330/1600 | | | | | |
| Address | | | | | | |
| Pan No. | 54.150 FE1 111 | | Date | Month | Year | |
| e-mail | DYXPA5562H | Date of Birth | | Wichtin | | |
| | 1 - 1 | Date of Birth | 04 | 101 | 2003 | |
| Permanent | B/38, Amone | alai nagae end | 87 . | r from | numbal | |
| Address | | | / | | · | |
| Emergency Contact | | Father's Name | | | | |
| Mobile Phone | 95147090ty | Home Phone | | | | |
| | EDUCATION | N QUALIFICATION | | | | |
| Particular | Year * | Board | Scho | ool/Organis | ation | |
| Xth | | | | | | |
| XIIth | | | | | | |
| Graduation | | | | | | |
| Post Graduation | | | | | | |
| | DOCUME | ENTS REQUIRED | | | | |
| | ADDI | RESS PROOF | | | | |
| | | AN CARD | | | | |
| | HIGHEST EDUCAT | TIONAL QUALIFICATION | | | | |
| | | D CHEQUE COPY | | | | |
| | | NK DETAILS | | | | |
| Name As Per Account | Sasileuna | | | | | |
| Account No. | | | | | | |
| IFSC Code | 40006626201 | | | | | |
| | 3BIN0001683 | | | | | |
| Bank Name | State Bano | of India | | | | |
| Branch Address . | | | • | | | |
| | DETAILS TO BE | FILLED BY MANAGER | | | | |
| | - | | 1 | | | |
| Name of the Manager | C. BRUDIMURUGAN | Branch Name | | | | |
| 201 | y and | | | | | |
| C Deler | 4 24 | | | | | |
| Manager's Signature | | | | | | |
| I CERTIFY THAT ALL ANSWE | ERS GIVEN BY ME ARE TRUE, ACCURA | ATE AND COMPLETE; I UNDERSTA | ND THAT TH | E FALSIFICAT | ION, | |
| MISREPRESENTATION OR O | DMISSION OF FACT ON THIS APPLICA | TION (OR ANY OTHER ACCOMPA | NYING OR RE | QUIRED DO | CUMENTS) | |
| WILL BE CAUSE FOR IMME | DIATE TERMINATION OF REGARDLES | S OF WHEN OR HOW DISCOVERE | D. | | | |
| | | | | | | |
| (11 | | | | | | |
| July | | | | | | |
| Applicant's Signature | | | | | | |
| Applicant's Signature | DETAILS TO DE FIL | LED BY ACCOUNTS TEAM | | | | |
| | DETAILS TO BE FIL | LED BY ACCOUNTS TEAM | | | | |
| Accountant's Name | | Interviwers Unique Code | | | | |
| | | | | | | |
| | | | | | | |
| Accountant's Signature | | | | | | |