



भारत सरकार
Government of India



Issue Date: 17/1/2011



संदीप कुमार चौधरी
Sandeep Kumar Chaudhari
जन्म तिथि / DOB : 24/03/1988
पुरुष / MALE



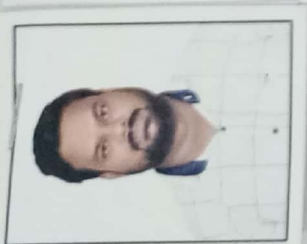
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मेरा आधार, मेरी पहचान

CS CamScanner

Sandeep Chaudhari





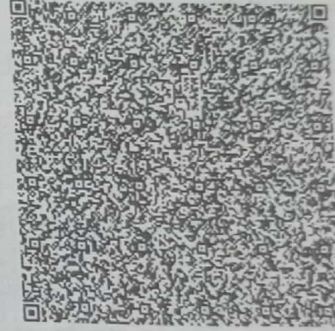
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता: S/O राम मनोहर प्रसाद, ३ / ३९९, निकट
लेखराज पन्ना, विकास नगर, लखनऊ, लखनऊ,
उत्तर प्रदेश, 226022

Print Date: 03/11/2020

Address: S/O Ram Manohar Prasad, 3 / 399,
NEAR LEKHRAJ PANNA, VIKAS NAGAR,
LUCKNOW, Lucknow, Uttar Pradesh,
226022



7369 6308 8586



1947



help@uidai.gov.in



www.uidai.gov.in

Shrihar

CS CamScanner

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

SANDEEP KUMAR CHAUDHARI

RAM MANOHAR PRASAD

24/03/1988

Permanent Account Number

BBDPC8363F

Chaudhary

Signature



22022014

Chaudhary

CS CamScanner

COR/CORR = Correction	min = Minimum	transfer = Transfer
CR = Credit	os = Outstanding	TT = Telegraphic Transfer
csh = Cash	P & T = Postage & Telegram	txn = Transaction
	Pos = Point of sale	Wdl = Withdrawal
		+MOD bal=total balance (SB+linked MO)

भारतीय स्टेट बैंक



State Bank of India

Savings Bank Account

ATF No :

85897315949

Account No :

20077656362

Customer Name: Mr. SANDEEP KUMAR CHAUDHARY

VIKAS NAGAR LUCKNOW
SECTOR 8, VIKAS NAGAR

G/D/W/H/O: RAM MANOHAR PRASAD
Address: 3/399, VIKAS NAGAR
KURSI ROAD
LUCKNOW

Phone:

Email:

D.O.B. (If Minor):

MOP:

Nomination Name:



Phone: 2739099

Email: sbi.127358@sbil.co.in

Branch Code: 12735

Date of Issue: 18/01/2011

18/01/2011 5920537 12735
FIRST

शाखा प्रबन्धक
Branch Manager 181

A/C = 20077656362

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Medical Certificate



Name: Sandeep Kumar Chaudhary
(In Block Letters) SANDEEP KUMAR CHAUDHARY.

Father's Name: Ram Manohar Prasad

Blood group/Anemic (Blood Count) B+ Positive

List of Health Issues

BP Low BP - 120/90 mmHg.
BP High 5.7 inch

Cholesterol NAD

Thyroid NAD

Gastrointestinal NAD

Cervical NAD

Anemia No

Diabetes NAD

Bones / Joint Pain NAD

If yes, specify the Details

Any Lungs related ailments specify the Details NO

Any Liver related ailments specify the Details NO

Any Allergies that would hamper your work life NO

Any psychological related disorder NO

Any disease / ailment diagnosed in the past NO



In case of any continued ailments you are required to present medical prescriptions, report from the practitioner, and also share the contact details of your doctor whom you frequently visit.

In case you are not having any health related issues you are required to submit medically fit report.

Current Residence Details-

Father Ram Manohar Prasad

Mother Usha devi

Any elder/younger sibling details

In case you are staying away from parents and family/Landlord/PG/Housemates/Friends/Spouse/GF/BF contact details.

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A
6/8/24
Dr. A. K. Singh
M.B.B.S.
Reg.No.-044912

Self-Declaration Form

Date : 6/8/2024

Place : Lucknow

I Sandeep (Name of the person), aged 36 years, son / daughter of Ram Manohar Basant (Name of the Father), a resident of (Full Residential Address) in the District of Lucknow, (State Name), do hereby declare that the information provided herein above and in the documents appended herewith is true and correct to the best of my knowledge and belief and nothing has been falsely stated or concealed therein.

I understand that if the said information as given by me is proved to be false, then I will have to face punishment as per the company policy for the time being in force as well as the benefit availed of by me or the benefit accrued to me shall be summarily cancelled.

I also mention herein that I would submit all my pending documents before the stated date and I have also been informed on my salary getting effected in case it is not submitted on the mentioned date I have declared.

Mention the pending documents to be submitted

1)

2)

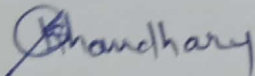
3)

4)

All the above pending documents would be submitted by this date : _____

Your Truly

Name & Signature

Sandeep K. Chaudhary


Attested by HR