

# BIO-DATA FOR CAMPUS INTERVIEW/INTERNSHIP

## Zolt Info Solutions Private Limited

1-2-17,Challa Office Complex, Gagan Mahal Road, Domalguda,Hyderabad-500029,  
Andhra Pradesh Ph:040-64529779

### 1. GENERAL

#### 1.1 Name:

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Surname Name

Father's Name : \_\_\_\_\_

Mother's name : \_\_\_\_\_

Scanned  
Color  
photo

1.2 Date of Birth :          
Day Month Year

1.3 (a) Height : \_\_\_\_\_ cms. (b) Weight : \_\_\_\_\_ kg. (c) Blood Group: \_\_\_\_\_

#### 1.4 Permanent Address:

\_\_\_\_\_

\_\_\_\_\_ PIN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1.5 Address for Correspondence: \_\_\_\_\_

(After annual examination) \_\_\_\_\_

\_\_\_\_\_ PIN

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Phone (R) \_\_\_\_\_ Mobile No. \_\_\_\_\_

1.6 E-Mail Address: \_\_\_\_\_

### 2. EDUCATIONAL QUALIFICATIONS

#### 2.1 Secondary and / or Higher Secondary

Examination	Board / Institution	Year of Passing	Marks		
			Obtained	Out of (Total)	%
S.S.C. or Equivalent					
H.S.S.C. or Equivalent					

## 2.2 Diploma

Examination	Board	Year of Passing	% of Marks	Class awarded
1 <sup>st</sup> Sem. Dip				
2 <sup>nd</sup> Sem. Dip.				
3 <sup>rd</sup> Sem. Dip.				
4 <sup>th</sup> Sem. Dip.				
5 <sup>th</sup> Sem Dip				
6 <sup>th</sup> Sem Dip.				

## 2.3 Under Graduation

Examination	University	Year of Passing	% of Marks	Class awarded
1 <sup>st</sup> Sem. B. E				
2 <sup>nd</sup> Sem. B. E				
3 <sup>rd</sup> Sem. B. E				
4 <sup>th</sup> Sem. B. E				
5 <sup>TH</sup> Sem B.E				
6 <sup>th</sup> Sem B.E				

2.4 Title of mini Project/Training in TE : \_\_\_\_\_

Name of Guide : \_\_\_\_\_

2.5 Title of the Major Project: \_\_\_\_\_

Name of the Guide: \_\_\_\_\_

2.6 Title of the Seminar: \_\_\_\_\_

Name of the Guide: \_\_\_\_\_

2.7 Additional Qualifications, if any : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. FAMILY BACKGROUND:** Please provide full details since the employer usually needs this information for record.

Relations	Name	Age	Education	Occupation if employed (Specify Designation & Office Address)	Annual Income (Approx)
Father					
Mother					
Brothers					
Sisters					

**4. PRACTICAL TRAINING**

Have you undergone practical training? Yes  No.

**If yes, provide details below**

Sr. No.	Name of Organization	Period	
		From	To

**If No, Then are you interested in undergoing Industrial Training at your own cost?**

Yes  No.

Sr. No.	Training for technology / platform you would like to have

**5. EXTRA CURRICULAR ACTIVITIES**

<b>Sr. No.</b>	<b>Name of Activity</b>	<b>Level of Participation : College/University/District / State/ National</b>	<b>Year of Participation</b>

**6. ADDITIONAL INFORMATION, IF ANY**

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**7. LANGUAGES KNOWN**

<b>Languages</b>	<b>Read</b>	<b>Write</b>	<b>Speak</b>

Date: .....

Signature .....  
(Scanned Copy)