



Vidarbha Youth Welfare Society's
PROF RAM MEGHE COLLEGE OF ENGINEERING & MANAGEMENT
INTERNAL QUALITY ASSURANCE CELL

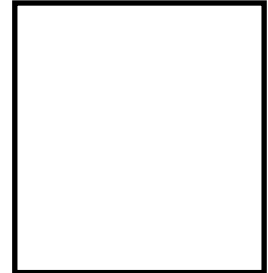


Format: IO- I-B
Staff Bio-Data

Name:-----
(in capital letters)

Designation: -----

Department: -----



Personal Details:

DOB	
Email-Id	
Contact No.	
Emergency Contact No.	
Aadhaar No.	
PAN No.	
Residential Address	

Academic Qualification:

Exam Passed	University / Institution	Year of Passing	Specialization	Division

Experience:

Organisation	From	TO	Experience in Years
PRMCEAM	22/5/2011	Till Date	6 Years
Total Experience			

I _____ do here affirm and declare that the information given above and enclosed documents is true and correct to the best of my knowledge and belief and nothing material has been concealed therein.

Signature: _____

Full Name: _____

Place: _____