

BIO-DATA

Name: **CHANDRAJITH S**

Father's Name: **SASEENDRAN R**

Gender: **MALE**

Date of Birth: **02-09-2001**

Marital Status: **SINGLE**

Religion: **HINDU**

Qualification: **DIPLOMA IN OPHTHALMIC ASSISTANCE**

Experience: **NIL**

Present Address: **PUTHUVAL**

PURAKKAD P.O AMBALAPPUZHA

Permanent Address: **PUTHUVAL**

PURAKKAD P.O AMBALAPPUZHA

Mobile No: **7025431847**

Email ID: **chandrajithsaseendran@gmail.com**



DECLARATION

I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Date:

Place:.....

Signature Of Candidate