



Web No.:

B	
G	
M	

BIO DATA

JAYENDRA SODHA'S

'અંજળ' અને 'અવસર'

27, Chandan Mahal Co-op. Socy. Ltd., 11th Road, Santacruz-East
Mumbai - 400 055. Mob No. 98690 09363 Tel No.: 2663 0152

www.jayendrasodha.com

Time : Mon. To Fri. 11.00 am to 1.00 pm

E-mail : jayendrarsodha@gmail.com

1. Marital Status : Never Married (KUNWARA) , Mithi Jibh Broken , Engagement Broken , Divorcee , Widow

2. NAME - CANDIDATE	Mr. <input type="checkbox"/> Miss <input type="checkbox"/>		
DATE OF BIRTH	<input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HEIGHT :	MOSAL :
TIME	<input type="checkbox"/> <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/> AM / PM	WEIGHT :	SP.CASE :
BIRTH PLACE	COMPLEXION :		

3. CASTE	NATIVE PLACE :		
EDUCATION			
CANDIDATE'S Occupation & Office Address			
Tel No.	Office <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E-mail Address	INCOME P.A. : Rs.		

4. BROTHERS	TOTAL No. <input type="checkbox"/>	ELDER No. <input type="checkbox"/>	MARRIED No. <input type="checkbox"/>	YOUNGER No. <input type="checkbox"/>	MARRIED No. <input type="checkbox"/>
SISTERS	TOTAL No. <input type="checkbox"/>	ELDER No. <input type="checkbox"/>	MARRIED No. <input type="checkbox"/>	YOUNGER No. <input type="checkbox"/>	MARRIED No. <input type="checkbox"/>
FATHER'S NAME	Mob No.:				
MOTHER'S NAME	Mob No.:				
FATHER'S Occupation & Office Address					
Tel.:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

5. RESIDENTIAL ADDRESS					
Tel.:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
TYPE OF RESIDENCE	Ownership <input type="checkbox"/> Paghadi <input type="checkbox"/> Live Lic. <input type="checkbox"/> Independent <input type="checkbox"/> / Area <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sq.Ft.				
	Flat <input type="checkbox"/> BHK <input type="checkbox"/> Other Info :				

6. PARTNER'S CHOICE Write your choice & (Mark Tick <input checked="" type="checkbox"/> as acceptable)					
	Bhiwandi <input type="checkbox"/> , Kalyan <input type="checkbox"/> , Thane <input type="checkbox"/> , Kurla-Ghatkopar <input type="checkbox"/> , Out of MUMBAI <input type="checkbox"/>				
	Borivali-Virar <input type="checkbox"/> , Borivali-Andheri <input type="checkbox"/> , Andheri-Mumbai <input type="checkbox"/> , FOREIGN <input type="checkbox"/> , Other Cast <input type="checkbox"/>				

7. Referred By	Mr./Mrs.	Tel	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
----------------	----------	-----	---

The particulars given above are true and correct & I have personally verified the same.

Date :

Verified by: _____

Signature : _____