

Biodata Form *

BIODATA FOR I-STEM TRAINING PROGRAM

NAME Mr./Ms.	K	O	T	H	A	P	A	L	L	Y									
	S	U	D	H	A	K	A	R											

QUALIFICATION	M	S	c	,	B	.	E	d											
---------------	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

NAME OF THE UNIVERSITY/ INSTITUTE	K	a	k	a	t	i	y	a	u	n	i	v	e	r	s	i	t	y		
	O	.	U																	

CATEGORY (GENERAL / SC / ST / OBC)																			
	O	B	C																

DATE OF BIRTH	1	6	0	5	1	9	8	2											
------------------	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

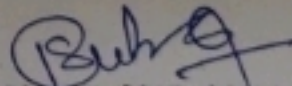
SEX (M / F)	M	-	PHYSICAL HANDICAPPED	Yes	No

COMPLETE ADDRESS (RESIDENCE)	3	5	-	6	-	6	6	1											
	A	M	R	A	V	A	T	H	I	N	A	G	A	R					
	H	A	N	A	M	K	O	N	D	A									

CONTACT DETAILS	PHONE (O)	PHONE (R)	MOBILE No.	E-MAIL
			9866063767	sudhakar82physics @gmail.com

EDUCATIONAL QUALIFICATIONS					
Sr. No.	EXAMINATION/ DEGREE	UNIVERSITY/ INSTITUTE	YEAR OF PASSED	SUBJECT	DIVISION/PERCENTA GE OF MARKS
1	M.Sc	K.U	2007	physics	62.1 (I)
2.	B.Ed	O.U	2005	maths & physics	66.1 & 71.1 I with distinction

Date: _____
Place: Hamamkonda


(Signature of the Participant)