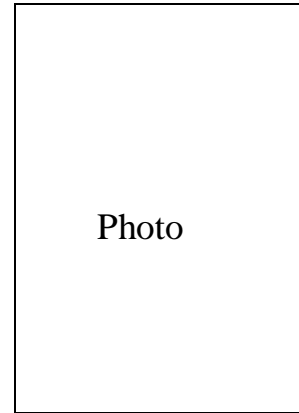


# SOLANKI RESTAURANT FORM

Job Cook



Full Name:-.....

Father Name:-.....

Address:-.....

.....  
Join Date:-.....

State:-.....

City:-.....

Zip Code:-.....

Phone:-.....

Mobile:-.....

Signature  
of Manager

Signature

Contact Us:-

Fax:-02982-242106 MO:-09414373251

Email:-

[prakash.sn09@yahoo.com](mailto:prakash.sn09@yahoo.com) <http://www.solankibarmer.webnode.in/>