

Candidate Registration Format

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE: *Zunki Kumari*

FATHER'S NAME: *Sukhram Lohra*

MOTHER'S NAME: *Surheela Devi*

DATE OF BIRTH: *20-05-2003*

GENDER (MALE / FEMALE): *Female*

CATEGORY: *ST*

MOBILE NO.: *9391681449*

AADHAR NO.: *8104 2159 6202*

PERMANENT ADDRESS: *Khakhparla misra Sali,
Post - Rampur, District - Lohardaga,*

PRESENT ADDRESS :

RURAL / URBAN: *Rural*

MARRIED / UNMARRIED: *UNMARRIED*

QUALIFICATIONS WITH TECHNICAL (IF ANY):

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
<i>Metric</i>		<i>JAC</i>	<i>2020</i>	<i>320</i>	<i>64.00%</i>
<i>Inter</i>	<i>ARTS</i>	<i>JAC</i>	<i>2023</i>	<i>280</i>	<i>56%</i>

EXPERIENCE (IF ANY):

NAME OF EMPLOYER	POST / DESIGNATION	FROM	TO	OBTAINED SALARY

N.B., I declare that to the best of my knowledge information furnished by me is true.

Zunki Kumari
SIGNATURE OF CANDIDATE

DATE :