Candidate Registration Format

	FOR OFFICE USE	
REG. NO. :		
DATED:		

NAME OF CANDIDATE: ANISHA KUM

FATHER'S NAME: VIJAY ORAON

MOTHER'S NAME: RAJAEENORAON

DATE OF BIRTH: 01.08.2004

GENDER (MALE / FEMALE): PAMADE

CATEGORY: S.T

MOBILE NO.: 9113362389

AADHAR NO .: 455530143708

PERMANENTADDRESS: MAHADEV TOLI, PO-BADLA, PS-SENHA, LO

PRESENTADDRESS: MAHADEV TOLI

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY): .

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10th		JAC	2020	273	54.60%
			•		

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.

Anisha Kumari SIGNATURE OF CANDIDATE

DATE: