

Candidate Registration Format

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE: AGHA KUMARI

FATHER'S NAME: MAHADEV ORAON

MOTHER'S NAME: PHOOLMANI ORAON

DATE OF BIRTH: 10/04/2004

GENDER (MALE / FEMALE): FEMALE

CATEGORY: S.T

MOBILE NO.: 8252664155

AADHAR NO.: 629489918083

PERMANENT ADDRESS: HIRHI HARRA TOLI PO HIRHI LOHARDAGIA

PRESENT ADDRESS: HIRII HARRA TOLI

RURAL / URBAN: RURAL

MARRIED / UNMARRIED: UNMARRIED

QUALIFICATIONS WITH TECHNICAL (IF ANY):

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10th		JAC	2021	258	51.60%

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.

DATE:

Asha Kumari
SIGNATURE OF CANDIDATE