

Candidate Registration Format

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : ANIMA KUMARI

FATHER'S NAME : LAXMAN DRAON

MOTHER'S NAME : BUDHNI DRAON

DATE OF BIRTH : 25/4/2005

GENDER (MALE / FEMALE) :

CATEGORY : ST

MOBILE NO. : 9304044311

AADHAR NO. : 4731 4485 1614

PERMANENT ADDRESS : CHANDKOPA KARM TOLI NIGINI LOHARDAGIA

PRESENT ADDRESS : CHANDKOPA KARM TOLI NIGINI LOHARDAGIA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
MATRIC		JAC	2022	262	52.40%

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 : 28/7/2023

ANIMA KUMARI
SIGNATURE OF CANDIDATE