

# Candidate Registration Format

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : JUBAL D RAON  
FATHER'S NAME : RELWA ORAON  
MOTHER'S NAME : SONMATIA ORAON  
DATE OF BIRTH : 30-05-1999  
GENDER (MALE / FEMALE) : MALE  
CATEGORY : ST  
MOBILE NO. : 7462009918  
AADHAR NO. : 659962949700  
PERMANENT ADDRESS : MITILWARA

Jugalraon1999@gmail.com

PRESENT ADDRESS : MITILWARA

RURAL / URBAN : RURAL

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10		JAC	2016	228	45.7

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 : 18-12-23

SIGNATURE OF CANDIDATE