

Candidate Registration Format

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : Warish Zuraishi

FATHER'S NAME : Akbal Zuraishi

MOTHER'S NAME : Sabana Khatoon

DATE OF BIRTH : 20/10/2004

GENDER (MALE / FEMALE) : Male

CATEGORY : OBC

MOBILE NO. : 7050709825

AADHAR NO. : 948701334442

PERMANENT ADDRESS : Lohardaga

PRESENT ADDRESS : Lohardaga

warishzuraishi835802@gmail.com

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10		JAC	2020	354	72.1.

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 : 16/12/23

Warish Zuraishi
SIGNATURE OF CANDIDATE