

Candidate Registration Format



FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE: Amit Oraon

FATHER'S NAME: Ramesh Oraon

MOTHER'S NAME: Mani Oraon

DATE OF BIRTH: 11/09/2002

GENDER (MALE / FEMALE):

CATEGORY: ST

MOBILE NO.: 7061358881

AADHAR NO.: 252123972403

PERMANENT ADDRESS:

Ekgyuri, Senha, Lohardaga

PRESENT ADDRESS:

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY):

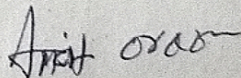
EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10th		JAC	2021	303	60%

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: 17/12/23


SIGNATURE OF CANDIDATE