

# Candidate Registration Format

FOR OFFICE USE	
REG. NO. :	
DATED :	

NAME OF CANDIDATE : SAVITA KACHHAP

FATHER'S NAME : SHANKAR ORAON

MOTHER'S NAME : BAIJANTI ORAON

DATE OF BIRTH : 30-01-1990

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 620 3180621

AADHAR NO. : 374481523255

PERMANENT ADDRESS : MENTGARA SENHA LOHARDAGA

PRESENT ADDRESS : MENTGARA SENHA LOHARDAGA

RURAL / URBAN : RURAL

MARRIED / UNMARRIED : UNMARRIED

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
Inter	ARTS	JAL	2020	322	53%

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 : 05-06-2024

Savita Kachhap  
SIGNATURE OF CANDIDATE