

Candidate Registration Format

FOR OFFICE USE

REG. NO. :

DATED :



NAME OF CANDIDATE : ASHIKA KUMARI

FATHER'S NAME : SHALIK MAHLI

MOTHER'S NAME : PAYARI MAHLI

DATE OF BIRTH : 17/02/2005

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : HINDU

MOBILE NO. : 7295928418

AADHAR NO. : 316854605426

PERMANENT ADDRESS : BHASKO DUMAR TOLI LOHAR DAYA

PRESENT ADDRESS : BHASKO DUMAR TOLI LOHAR DAYA

RURAL / URBAN

MARRIED / UNMARRIED

QUALIFICATIONS WITH TECHNICAL (IF ANY) :


EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10	JAC	JAC	2021	231	46%

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 : 28/08/2024


SIGNATURE OF CANDIDATE