

# Candidate Registration Format

sushendraoraon234@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :



NAME OF CANDIDATE : SUSHENDRA ORAON  
FATHER'S NAME : LATE GHURIYA ORAON  
MOTHER'S NAME : SENGIO ORAON  
DATE OF BIRTH : 05/03/2003  
GENDER (MALE / FEMALE) : MALE  
CATEGORY : ST  
MOBILE NO. : 8102894410  
AADHAR NO. : 785637351801  
PERMANENT ADDRESS : MENTGIARA, LOHARDAGIA  
PRESENT ADDRESS : MENTGIARA, LOHARDAGIA

RURAL / URBAN :

MARRIED /  UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 <sup>th</sup>	JAC	JAC	2019	330	66%

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 : .....

Sushendra Oraon  
SIGNATURE OF CANDIDATE