

Candidate Registration Format

pradeep oraoon0504@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :



NAME OF CANDIDATE: PRADEEP ORAOON

FATHER'S NAME: SUKVIDEV ORAOON

MOTHER'S NAME: GIANGOTRI ORAOON

DATE OF BIRTH: 05/4/2000

GENDER (MALE / FEMALE): MALE

CATEGORY: ST

MOBILE NO.: 7739305272

AADHAR NO.: 870199365938

PERMANENT ADDRESS: SADABE DUMAR TOLI, LOHARDAGIA

PRESENT ADDRESS: SADABE DUMAR TOLI, LOHARDAGIA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY):

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 th	JAC	JAC	2016	239	47.8 %

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 :

pradeep oraoon

SIGNATURE OF CANDIDATE