

Candidate Registration Format

Sanyam Oraon 915@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :



NAME OF CANDIDATE : SANYAM ORAON
FATHER'S NAME : MANIYAL ORAON
MOTHER'S NAME : SARITA ORAON
DATE OF BIRTH : 08/05/2005
GENDER (MALE / FEMALE) : MALE
CATEGORY : ST
MOBILE NO. : 9153688229
AADHAR NO. : 686926906526
PERMANENT ADDRESS : TOTO, LOHARDAGIA

PRESENT ADDRESS : TOTO, 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	2021	381	76.2 %

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 :

Sanyam Oraon
SIGNATURE OF CANDIDATE