

Candidate Registration Format

faizan5399@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :



NAME OF CANDIDATE : MD FAIZAN

FATHER'S NAME : MD AFROZ

MOTHER'S NAME : RESHMA PERWEEN

DATE OF BIRTH : 11/06/2007

GENDER (MALE / FEMALE) : MALE

CATEGORY : ST

MOBILE NO. : 6206265436

AADHAR NO. : 405793959001

PERMANENT ADDRESS : RANCHI

PRESENT ADDRESS : RANCHI

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	2023	287	57%

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 :

Md. Faizan

SIGNATURE OF CANDIDATE