

Candidate Registration Format

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE: VIKASH LOHAR

FATHER'S NAME: MADWARI LOHRA

MOTHER'S NAME: AMRITA DEVI

DATE OF BIRTH: 01/02/2006

GENDER (MALE / FEMALE): MALE

CATEGORY: ST

MOBILE NO.: 9341544035

AADHAR NO.: 412663261374

PERMANENT ADDRESS: BADLA LOHARDAGA

PRESENT ADDRESS: BADLA LOHARDAGA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 th	10 th	JAC	2024	304	60%

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 :

Vikash

SIGNATURE OF CANDIDATE