

# Candidate Registration Format

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE: RAMESH ORAON

FATHER'S NAME: KAILASH ORAON

MOTHER'S NAME: BIRASHMONI ORAON

DATE OF BIRTH: 03/03/2005

GENDER (MALE / FEMALE): MALE

CATEGORY: ST

MOBILE NO.: 6202703005

AADHAR NO.: 265704616912

PERMANENT ADDRESS: GURI FUDKI TOLI LOHARDAGA

PRESENT ADDRESS: GURI FUDKI TOLI LOHARDAGA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY):

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10th	10th	JAC	2023	403	80%

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 : .....

Ramesh  
SIGNATURE OF CANDIDATE

ID - ramesh09620@gmail.com

Pass - Ramesh@123