Candidate Registration Format

FOR OFFICE USE

		DA	DATED :				
FATHER'S NAME: MOTHER'S NAME DATE OF BIRTH: GENDER (MALE /	RAX KUM 23, C FEMALE)	6,2004		hi k.	Theatrum 8	3406) grail·c
MOBILE NO.: 71	17959 3405.	352-86100					
PRESENT ADDRE		RK わ :CHNICAL (IF ANY) :		M	ARRIED / UNI	MARRIEC	D :
EXAM PASSED	STREA	POARO/I INIVERSIT	Y/ PASS		TOTAL OBTAINED MARKS		PERCENTAGE
10	10	J.AC	.2020		314		62.81
EXPERIENCE (IF							
NAME OF EMPLOYER		POST / DESIGNATION	FROM	ROM TO		OBTAINED SALARY	
N.B., I declare that		st of my knowledge inform	ation fumishe	d by me	is true.	Rol	it Thaken