Candidate Registration Format

					FOR OFFICE US	E
			REC	6. NO. :		
	,		DAT	ED:		
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NAME OF CANDID	DATE: N	IDHI GUPTA	2			
ATHER'S NAME	SHC	BHA COUPTA				
MOTHER'S NAME		AD COUPTH	12-	a hidl	nigubla 70	1 a g mail·co
DATE OF BIRTH :		COUPLIF	10-	DC INCO	o de del	
GENDER (MALE /	FEMALE):	MALE				
CATEGORY: C		1.1.22				
MOBILE NO.: 9	5/1/07	L0101				
AADHAR NO. : 7						
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RURAL / URBAN :		LINIOAL (IF ANN)		IVIAIN	KIED / UNMARKIEI	J.
ZUALIFICATIONS	WITH TEC	HNICAL (IF ANY) : BOARD/UNIVERSIT	Y/ PASS	SING TOTAL OBTAINED		
					MARKS	DEDCENTAGE
	STREAM	INSTITUTE	YEA			PERCENTAGE
EXAM PASSED	STREAM	INSTITUTE 5-A-C	2020		439	87:8/
		INSTITUTE				-
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TO EXPERIENCE (IF	(D ANY):	INSTITUTE S-A-C	2020		439	87:81
10	(D ANY):	INSTITUTE			439	-
TO EXPERIENCE (IF	(D ANY):	INSTITUTE S-A-C	2020		439	87:81
EXPERIENCE (IF	ANY):	INSTITUTE S-A-C	2°20	то	US9 OBTAIN	87:81
EXPERIENCE (IF	ANY):	INSTITUTE 5-A-C OST / DESIGNATION	2°20	то	US9 OBTAIN	87:81
EXPERIENCE (IF	ANY):	INSTITUTE 5-A-C OST / DESIGNATION	2°20	то	US9 OBTAIN	87:81
EXPERIENCE (IF	ANY):	INSTITUTE 5-A-C OST / DESIGNATION	2°20	то	US9 OBTAIN	87. 87 ED SALARY