

Candidate Registration Format

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : LALITA KUMARI

ID- lalita k42004 @
gmail.com

FATHER'S NAME : BOLO ORAON

MOTHER'S NAME : JASMUNI ORAON

DATE OF BIRTH : 07/02/2004

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 7294972096

AADHAR NO. : 825253019352

PERMANENT ADDRESS : SEHAL BANS TOLI LOHARDAGA

PRESENT ADDRESS : SEHAL BANS TOLI 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	2016	300	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 : 11/12/2024

Lalita
SIGNATURE OF CANDIDATE