

# Candidate Registration Format

FOR OFFICE USE	
REG. NO. :	
DATED :	

NAME OF CANDIDATE: LALITA KUMARI

FATHER'S NAME: SUKRU ORAON

MOTHER'S NAME: SHANTI ORAON

DATE OF BIRTH: 01/01/2006

GENDER (MALE / FEMALE): FEMALE

CATEGORY: ST

MOBILE NO.: 7461084457

AADHAR NO.: 865487163779

PERMANENT ADDRESS: RORAD CHANDWO LOHARDAWA

ID - kumailalita0101@gmail.com

PRESENT ADDRESS: RORAD CHANDWO LOHARDAWA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY):


EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 <sup>th</sup>	10 <sup>th</sup>	JAC	2024	398	79.1.

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: 19/11/2024

  
SIGNATURE OF CANDIDATE