

Candidate Registration Format

Shahdeooraonoo@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE: SHADEO ORAON
FATHER'S NAME: LATE - ETWA ORAON
MOTHER'S NAME: LATE - SHANTI DEVI
DATE OF BIRTH: 36-10-2000
GENDER (MALE / FEMALE): MALE
CATEGORY: ~~OB~~ ST
MOBILE NO.: 8210585118
AADHAR NO.: 670543754591
PERMANENT ADDRESS: LOHARDAWA

PRESENT ADDRESS: LOHARDAWA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 th	C.B.S.C	C.B.S.C	2016	380	76

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 : 17-12-2024

Shahdeo Oraon
SIGNATURE OF CANDIDATE