

# Candidate Registration Format

Sunilkachhapks@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : SUNIL KACHHAP

FATHER'S NAME : SHANKAR ORAON

MOTHER'S NAME : BAWO ORAON

DATE OF BIRTH : 01-01-2005

GENDER (MALE / FEMALE) : MALE

CATEGORY : ST

MOBILE NO. : 6207998344

AADHAR NO. : 232929214916

PERMANENT ADDRESS : LOHARAWA

PRESENT ADDRESS : LOHARAWA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10th	JAC	JAC	2022	351	70.20

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.

Sunil Kachhap  
SIGNATURE OF CANDIDATE

DATE : 17-12-2024