

# Candidate Registration Format

amanekka@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : AMAN EKKA

FATHER'S NAME : NOOH EKKA

MOTHER'S NAME : NIRALI EKKA

DATE OF BIRTH : 26-11-2003

GENDER (MALE / FEMALE) : MALE

CATEGORY : ST

MOBILE NO. : 84340114954

AADHAR NO. : 37 2927765590

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	2019	338	67.60

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 : 17-12-2024

Aman Ekka  
SIGNATURE OF CANDIDATE