

Candidate Registration Format

vikash2852@gmail.com

FOR OFFICE USE
REG. NO. :
DATED :

NAME OF CANDIDATE: **VIKASH WOSWAMI**
FATHER'S NAME: **SULESH WOSWAMI**
MOTHER'S NAME: **SUNITA DEVI**
DATE OF BIRTH: **18-03-2002**
GENDER (MALE / FEMALE): **MALE**
CATEGORY: **OBC**
MOBILE NO.: **6203223742**
AADHAR NO.: **560620682852**
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	2021	288	

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: **16-12-2024**

Vikash Woswami
SIGNATURE OF CANDIDATE