

ID - Rina 804@gmail.com

# Candidate Registration Format

FOR OFFICE USE

REG. NO. :  
DATED :

NAME OF CANDIDATE : RINA MUNDA  
FATHER'S NAME : BIPTA MUNDA  
MOTHER'S NAME : JATRI MUNDA  
DATE OF BIRTH : 08/04/2004  
GENDER (MALE / FEMALE) : FEMALE  
CATEGORY : ST  
MOBILE NO. : 9905382369  
AADHAR NO. : 257446665511  
PERMANENT ADDRESS : LOHARDAUTA  
PRESENT ADDRESS : LOHARDAUTA

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>	JAC	JAC	2021	290	58%

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

Rina munda  
SIGNATURE OF CANDIDATE