

Candidate Registration Format

riyavard@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE: RIYA KUMARI
FATHER'S NAME: RAVI ORAON
MOTHER'S NAME: SHANICHARIY ORAON
DATE OF BIRTH: 06-06-2006
GENDER (MALE / FEMALE): FEMALE
CATEGORY: ST
MOBILE NO.: 6200470641
AADHAR NO.: 7825 11245746
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
10 th	JAC	JAC	2023	284	56.80

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

Riya Kumari
SIGNATURE OF CANDIDATE