

Madhu12@gmail.com

Candidate Registration Format

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : MADHURIMA KUMARI
FATHER'S NAME : SHRAVAN KUMAR
MOTHER'S NAME : PARTIMA DEVI
DATE OF BIRTH : 11-01-2003
GENDER (MALE / FEMALE) : FEMALE
CATEGORY : HINDU
MOBILE NO. : 6202410848
AADHAR NO. : 442523361803
PERMANENT ADDRESS : SOBTRAN TOLI LOHARDAGA
PRESENT ADDRESS : SOBTRAN TOLI LOHARDAGA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10th	JAC	JAC	2018	300	60.00%

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

Madhurima Kumari
SIGNATURE OF CANDIDATE