

## Candidate Registration Format

mushma@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : MUSKAN KUMARI

FATHER'S NAME : BHIKHRAM ORAON

MOTHER'S NAME : LILAWATI ORAON

DATE OF BIRTH : 12-07-2005

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 8102605700

AADHAR NO. : 471564900562

PERMANENT ADDRESS : SENHA

PRESENT ADDRESS : SENHA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

| EXAM PASSED | STREAM | BOARD/UNIVERSITY/<br>INSTITUTE | PASSING<br>YEAR | TOTAL OBTAINED<br>MARKS | PERCENTAGE |
|-------------|--------|--------------------------------|-----------------|-------------------------|------------|
| 10th        | JAC    | JAC                            | 2021            | 365                     | 73         |
|             |        |                                |                 |                         |            |
|             |        |                                |                 |                         |            |
|             |        |                                |                 |                         |            |

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

Muskan Kumari  
SIGNATURE OF CANDIDATE