

ID- Kumari Bra@gmail.com

Candidate Registration Format

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE: PRABHA KUMARI

FATHER'S NAME: BIRENDRA OROAN

MOTHER'S NAME: ~~20~~ MATIYA DEVI

DATE OF BIRTH: 20-12-1994

GENDER (MALE / FEMALE): FEMALE

CATEGORY: ST

MOBILE NO.: 8102069455

AADHAR NO.: 657169550704

PERMANENT ADDRESS: LOHARSAHA

PRESENT ADDRESS: LOHARSAHA

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	2009	315	63

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: 02-01-2025

Prabha Kumari
SIGNATURE OF CANDIDATE