

Candidate Registration Format

ID - muhi2025@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : MAHAMUNI KUMARI

FATHER'S NAME : MANENDRA ORAON

MOTHER'S NAME : TETRI ORAON

DATE OF BIRTH : 03-10-2002

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 9304164088

AADHAR NO. : 674553807401

PERMANENT ADDRESS : LOHARDAMA

PRESENT ADDRESS : LOHARDAMA

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	2019	255	51

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 : 02-04-2029

माहामुनी कुमारी
SIGNATURE OF CANDIDATE