

Candidate Registration Format

ID - oraon@unib62@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : ARUN ORAON
FATHER'S NAME : SHADEO ORAON
MOTHER'S NAME : SUSHANTE ORAON
DATE OF BIRTH : 05-12-2004
GENDER (MALE / FEMALE) : MALE
CATEGORY : ST
MOBILE NO. : 8019288471
AADHAR NO. : 4659 68292792
PERMANENT ADDRESS : LOHARDAHA

PRESENT ADDRESS : LOHARDAHA

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	2022	366	67

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 : 03-01-2025

ARUN ORAON
SIGNATURE OF CANDIDATE