

# Candidate Registration Format

ID - Sumit Oraon 662@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : SUMIT ORAON  
FATHER'S NAME : SHANU CHARWA ORAON  
MOTHER'S NAME : MANJARI ORAON  
DATE OF BIRTH : 02-03-2005  
GENDER (MALE / FEMALE) : MALE  
CATEGORY : ST  
MOBILE NO. : 9905105724  
AADHAR NO. : 955 888 078315  
PERMANENT ADDRESS : LOHARAJUA

PRESENT ADDRESS : LOHARAJUA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 <sup>th</sup>	JAC	JAC	2021	385	77

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 : 04-01-2025

Sumit Oraon  
SIGNATURE OF CANDIDATE