

To - anjoreyoraon00@gmail.com

Candidate Registration Format

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE: ANHREJ ORAON

FATHER'S NAME: KISUN ORAON

MOTHER'S NAME: RANWITA ORAON

DATE OF BIRTH: 10-07-2006

GENDER (MALE / FEMALE): MALE

CATEGORY: ST

MOBILE NO.: 7033573766

AADHAR NO.: 5098 4509 7449

PERMANENT ADDRESS: LOHAROHWA

PRESENT ADDRESS: LOHAROHWA

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	2024	323	64.60

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: 07-07-2025

Anjorey oraon
SIGNATURE OF CANDIDATE