

Candidate Registration Format

ID - Anchamkumhari40@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE: BASANT ORAON

FATHER'S NAME: KOLE ORAON

MOTHER'S NAME: SUKO ORAON

DATE OF BIRTH: 12-09-2006

GENDER (MALE / FEMALE): MALE

CATEGORY: ST

MOBILE NO.: 906 0568957

AADHAR NO.: 985139439051

PERMANENT ADDRESS: LOHARAWA

PRESENT ADDRESS: LOHARAWA

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	2021	367	73.40

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

Basant Oraon
SIGNATURE OF CANDIDATE