

Candidate Registration Format

ID - orachrajkumar2003@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : RAJKUMAR ORACH

FATHER'S NAME : JAGANNATH ORACH

MOTHER'S NAME : PARMILA ORACH

DATE OF BIRTH : 01-01-2003

GENDER (MALE / FEMALE) : MALE

CATEGORY : ST

MOBILE NO. : 9508250718

AADHAR NO. : 776308664103

PERMANENT ADDRESS : LOHARDAGA

PRESENT ADDRESS : LOHARDAGA

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	243	48.60%

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 : 03-01-2025

Rajkumar Orach
SIGNATURE OF CANDIDATE