

Candidate Registration Format

ID - Singhvishal02@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : VISHAL SINGH

FATHER'S NAME : VINOD SINGH

MOTHER'S NAME : SITA DEVI

DATE OF BIRTH : 10-02-1999

GENDER (MALE / FEMALE) : MALE

CATEGORY : OBC

MOBILE NO. : 7764024956

AADHAR NO. : 4173 8512 0024

PERMANENT ADDRESS : LOHARDAHA

PRESENT ADDRESS : b LOHARDAHA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 th	CBSE	CBSE	2014	74	A

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 : 02-01-2025

Vishal Singh
SIGNATURE OF CANDIDATE