

Candidate Registration Format

ID - Sachinoraooraoon12@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : SACHIN ORAON

FATHER'S NAME : DHANI ORAON

MOTHER'S NAME : LAXMI ORAON

DATE OF BIRTH : 25-10-2006

GENDER (MALE / FEMALE) : MALE

CATEGORY : ST

MOBILE NO. : 9229527549

AADHAR NO. : 247043484134

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	2023	240	48%

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

Sachin Oraon
SIGNATURE OF CANDIDATE