

ID- manshi08040h0033@gmail.com

Candidate Registration Format

FOR OFFICE USE
REG. NO. :
DATED :

NAME OF CANDIDATE: MANSI ORAON
 FATHER'S NAME: BISHUNDEV ORAON
 MOTHER'S NAME: SUMTI ORAON
 DATE OF BIRTH: 22-06-2002
 GENDER (MALE / FEMALE): MALE
 CATEGORY: ST
 MOBILE NO.: 9341345101
 AADHAR NO.: 657611220237
 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	2019	353	70.60

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: 04-03-2025

Manshi Oraon
SIGNATURE OF CANDIDATE