

Candidate Registration Format

ID - kumarianisha0022@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : ANISHA KUMARI

FATHER'S NAME : SAHINDRA ORAON

MOTHER'S NAME : SUMRI

DATE OF BIRTH : 21-12-2004

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 9279974950

AADHAR NO. : 947735862557

PERMANENT ADDRESS : LOHARJAGA

PRESENT ADDRESS : LOHARJAGA

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	318	63.60%

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

Anisha Kumari
SIGNATURE OF CANDIDATE