

Candidate Registration Format

① - orachmahisha 847@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : BINITA KUMARI

FATHER'S NAME : CHARIYA ORAON

MOTHER'S NAME : LAKHI ORAON

DATE OF BIRTH : 14-03-1997

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 6299137932

AADHAR NO. : 618591403969

PERMANENT ADDRESS : LOHARODAGIA

PRESENT ADDRESS : LOHARODAGIA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 th	J.A.C	J.A.C	2015	211	42.2%

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 : 10-01-2025.

Binita Kumari
SIGNATURE OF CANDIDATE