

# Candidate Registration Format

ID - Kumari Munni 0033@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : MUNNI KUMARI

FATHER'S NAME : SUKHOEV ORAON

MOTHER'S NAME : SALO ORAON

DATE OF BIRTH : 01-01-2005

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 9508416335

AADHAR NO. : 481665254671

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 <sup>th</sup>	J.A.C	J.A.C	2022	286	59%

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 : 09-01-2025

Munni Kumari  
SIGNATURE OF CANDIDATE