

Candidate Registration Format

Id - ashikoraonh02@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : ASHIK ORAON
FATHER'S NAME : RAMPRASAD ORAON
MOTHER'S NAME : BUDHMANIYA ORAON
DATE OF BIRTH : 03-06-2006
GENDER (MALE / FEMALE) : MALE
CATEGORY : ST
MOBILE NO. : 7070623689
AADHAR NO. : 978664538283
PERMANENT ADDRESS : SAWAL, LOHARDAGA

PRESENT ADDRESS : LOHARDAGA

RURAL / URBAN : RURAL

MARRIED / UNMARRIED : UNMARRIED

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 th	10 th	JAC	2023	293	58.60

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 : 11-01-25

Ashik oraon

SIGNATURE OF CANDIDATE