

Candidate Registration Format

☎ - gulshanooraon23@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : GULSHAN OORAON
FATHER'S NAME : BUDHAMAN OORAON
MOTHER'S NAME : HANMO OORAON
DATE OF BIRTH : 09-06-2001
GENDER (MALE / FEMALE) : MALE
CATEGORY : ST
MOBILE NO. : 9693568910
AADHAR NO. : 7079 2157 6700
PERMANENT ADDRESS : LOHARODAWA

PRESENT ADDRESS : LOHARODAWA

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	2017	333	66.60

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 : 10-01-2025

Gulshan Ooraon
SIGNATURE OF CANDIDATE