

Candidate Registration Format

10 - amrita2003@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : AMRITA ORAON

FATHER'S NAME : BHIKHA ORAON

MOTHER'S NAME : MAMTA ORAON

DATE OF BIRTH : 8-10-2003

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 8521593442

AADHAR NO. : 8636 3088 1430

PERMANENT ADDRESS : LOHARAWA

PRESENT ADDRESS : LOHARAWA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10th	JAC	JAC	2022	218	43

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 : 13-01-2025

Amrita Oraon
SIGNATURE OF CANDIDATE