

Candidate Registration Format

ID - mohitkumaryadav454647@gmail.com

FOR OFFICE USE

REG. NO.:

DATED:

NAME OF CANDIDATE: **MOHIT KUMAR YADAV**

FATHER'S NAME: **RAJKISHOR YADAV**

MOTHER'S NAME: **TARA DEVI**

DATE OF BIRTH: **01-01-2005**

GENDER (MALE / FEMALE): **MALE**

CATEGORY: **DBC**

MOBILE NO.: **6203775831**

AADHAR NO.: **678157620998**

PERMANENT ADDRESS: **LOHARDAGA**

PRESENT ADDRESS: **LOHARDAGA**

RURAL / URBAN: **RURAL**

MARRIED / UNMARRIED: **/**

QUALIFICATIONS WITH TECHNICAL (IF ANY):

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 th	JAC	JAC	2020	360	72%

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: **11-01-20**

Mohit Kumar Yadav
SIGNATURE OF CANDIDATE