

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.: **678 157620998**

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