

Candidate Registration Format

Sumitdraon9898@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : SUMIT DRAON
FATHER'S NAME : RASKUMAR DRAON
MOTHER'S NAME : PARWATI DEVI
DATE OF BIRTH : 10-07-2003
GENDER (MALE / FEMALE) : MALE
CATEGORY : ST
MOBILE NO. : 9142184256
AADHAR NO. : 325116858503
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	318	63%

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 :

SIGNATURE OF CANDIDATE