

Candidate Registration Format

1) - orahpunam0022@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : PUNAM ORAHN

FATHER'S NAME : CHOTU ORAHN

MOTHER'S NAME : BHIKHANI ORAHN

DATE OF BIRTH : 03-10-1998

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 8409831205

AADHAR NO. : 457629186122

PERMANENT ADDRESS : LOHARDAGA

PRESENT ADDRESS : LOHARDAGA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 th					

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 : 08-01-2025

Punam orahn
SIGNATURE OF CANDIDATE