

Candidate Registration Format

10-ashida 674@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : SHEELA ORAON

FATHER'S NAME : CHMRU ORAON

MOTHER'S NAME : SUPIT ORAON

DATE OF BIRTH : 14-03-2005

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 9142588507

AADHAR NO. : 411150977791

PERMANENT ADDRESS : LOHARDAGIA

PRESENT ADDRESS : LOHARDAGIA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 th	J.A.C	J.A.C	2021	272	54.40%

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 : 11-01-2025

Sheela Oraon
SIGNATURE OF CANDIDATE