

# Candidate Registration Format

ID - shashita 9636@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : SHASHITA KUMARI

FATHER'S NAME : JITRAM ORAON

MOTHER'S NAME : JHIBI ORAON

DATE OF BIRTH : 08-07-1990

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 8292601745

AADHAR NO. : 663376234008

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 <sup>th</sup>	J-A-C	J-A-C	2006	233	58.6%

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 : 10-01-2025

Shashita Kumari  
SIGNATURE OF CANDIDATE