

# Candidate Registration Format

ID - kumarisavina036@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : SAVINA KUMARI

FATHER'S NAME : DUBRAJ ORAON

MOTHER'S NAME : MANGI ORAON

DATE OF BIRTH : 05-03-1994

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 8102854114

AADHAR NO. : 822064250889

PERMANENT ADDRESS : LOHARDAGUA

PRESENT ADDRESS : LOHARDAGUA

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	2010		

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

Savina Kumari  
SIGNATURE OF CANDIDATE