

Candidate Registration Format

12 - anjalKachhap 93@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : ANJALI ORAON

FATHER'S NAME : RULESHAR ORAON

MOTHER'S NAME : ATWARI ORAON

DATE OF BIRTH : 13-08-2006

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 7908896749

AADHAR NO. : 948731196534

PERMANENT ADDRESS : LOHARDAHA

PRESENT ADDRESS : LOHARDAHA

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	2022	888	77.60%

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 : 09-01-2025

Anjali Oraon
SIGNATURE OF CANDIDATE