

Candidate Registration Format

ID - 8d735845@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : SIWANI KUMARI
FATHER'S NAME : AMARDEEP TIWARI
MOTHER'S NAME : REKHA DEVI
DATE OF BIRTH : 23-10-2006
GENDER (MALE / FEMALE) : FEMALE
CATEGORY : General
MOBILE NO. : 6201427095
AADHAR NO. : 959286829066
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

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

Siwani Kumari
SIGNATURE OF CANDIDATE