

# Candidate Registration Format

ID - Kiranorach0022@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE: KIRAN ORAON

FATHER'S NAME: RAMKISHUN ORAON

MOTHER'S NAME: TITRI ORAON

DATE OF BIRTH: 16-06-2005

GENDER (MALE / FEMALE): FEMALE

CATEGORY: ST

MOBILE NO.: 6200648012

AADHAR NO.: 54554117718

PERMANENT ADDRESS: LOHARDAGHA

PRESENT ADDRESS: LOHARDAGHA

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	2022	331	66.20%

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

Kiran Oraon  
SIGNATURE OF CANDIDATE