

Candidate Registration Format

ID- kachhaprohini2@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE: ROHINI KACHHAP

FATHER'S NAME: VIJAY KACHHAP

MOTHER'S NAME: USHA DEVI

DATE OF BIRTH: 04-02-1997

GENDER (MALE / FEMALE): FEMALE

CATEGORY: ST

MOBILE NO.: 9546518555

AADHAR NO.: 7109 7224 3387

PERMANENT ADDRESS: LOHARAWA

PRESENT ADDRESS: LOHARAWA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY):

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 th	JAC	JAC	2013	396	79

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: 07/02/2025

Rohini Kachhap
SIGNATURE OF CANDIDATE