

Candidate Registration Format

ID - Sangita kumari 1999@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : SANGITA KUMARI

FATHER'S NAME : SUKRU ORAON

MOTHER'S NAME : SUMITRA ORAON

DATE OF BIRTH : 05/11/1999

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 7033560174

AADHAR NO. : S431 3977 7395

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	2015	351	70.

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 : 13/07/2025

Sangita Kumari
SIGNATURE OF CANDIDATE