

Candidate Registration Format

ID - kumarishirshiti2003@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : SHRI SHTI KUMARI

FATHER'S NAME : MUKHLAL SAHU

MOTHER'S NAME : REKHA DEVI

DATE OF BIRTH : 01/01/2003

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 983517 4944

AADHAR NO. : 4251 4996 2257

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	JAC	JAC	2019	382	76

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 : 13/02/2025

Shirshiti Kumar
SIGNATURE OF CANDIDATE