

Candidate Registration Format

✉- rinarinakumari45@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : RINA KUMARI
FATHER'S NAME : CHHOTELAL ORAON
MOTHER'S NAME : SARSWATI ORAON
DATE OF BIRTH : 08-05-1999
GENDER (MALE / FEMALE) : FEMALE
CATEGORY : ST
MOBILE NO. : 9153561013
AADHAR NO. : 8698 8007 0945
PERMANENT ADDRESS : WUMLA

PRESENT ADDRESS : WUMLA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10th	JAC	JAC	2013	300	60

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 : 01-02-2025

Rina Kumari
SIGNATURE OF CANDIDATE