

Candidate Registration Format

ID → 08a0hkiye36@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : NIKEY ORAON

FATHER'S NAME : BANDHU ORAON

MOTHER'S NAME : SOMRI ORAON

DATE OF BIRTH : 23-10-2005

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 6204267383

AADHAR NO. : 913782966119

PERMANENT ADDRESS : LOHARDAGA

PRESENT ADDRESS : LOHARDAGA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10 th	J.A.C	J.A.C	2022	223	44.60%

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 : 08-02-2025

Nikey Oraon
SIGNATURE OF CANDIDATE