

Candidate Registration Format

ID - tiggashivanti69@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE: SHIVANTI TIWARI

FATHER'S NAME: JAYCHAND ORAON

MOTHER'S NAME: MAURI DEVI

DATE OF BIRTH: 05/10/1998

GENDER (MALE / FEMALE): FEMALE

CATEGORY: ST

MOBILE NO.: 9304428969

AADHAR NO.: 3931 2532 9724

PERMANENT ADDRESS: LOHARJAWA

PRESENT ADDRESS: LOHARJAWA

RURAL / URBAN :

MARRIED / UNMARRIED :

QUALIFICATIONS WITH TECHNICAL (IF ANY) :

EXAM PASSED	STREAM	BOARD/UNIVERSITY/ INSTITUTE	PASSING YEAR	TOTAL OBTAINED MARKS	PERCENTAGE
10th	JAC	JAC	2015	313	62

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: 06-02-2025

Shivanti Tikka
SIGNATURE OF CANDIDATE