

Candidate Registration Format

ID → kumaririma2525@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : RIMA KUMARI

FATHER'S NAME : BASUWA ORAON

MOTHER'S NAME : SUKHMANI ORAON

DATE OF BIRTH : 20-03-2003

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : ST

MOBILE NO. : 9955691589

AADHAR NO. : 800867107935

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
10th	J.A.C	J.A.C	2023	200	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 : 05-02-2025

Rima Kumari
SIGNATURE OF CANDIDATE