

Candidate Registration Format

ID - Kajal Kumari0023@gmail.com

FOR OFFICE USE

REG. NO. :

DATED :

NAME OF CANDIDATE : KAJAL KUMARI

FATHER'S NAME : JITENDRA SINGH

MOTHER'S NAME : SITA DEVI

DATE OF BIRTH : 01/01/2004

GENDER (MALE / FEMALE) : FEMALE

CATEGORY : GENERAL

MOBILE NO. : 9608201650

AADHAR NO. : 3946 7601 8535

PERMANENT ADDRESS : LOHARAWA

PRESENT ADDRESS : LOHARAWA

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	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 : 06/02/2025

Kajal Kumari
SIGNATURE OF CANDIDATE