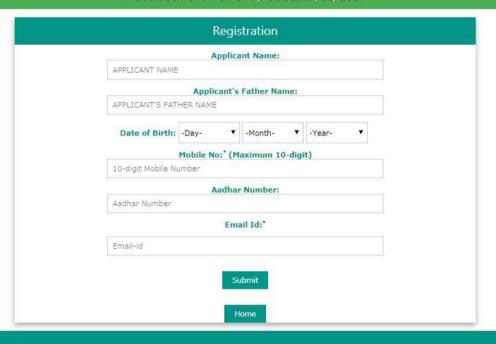




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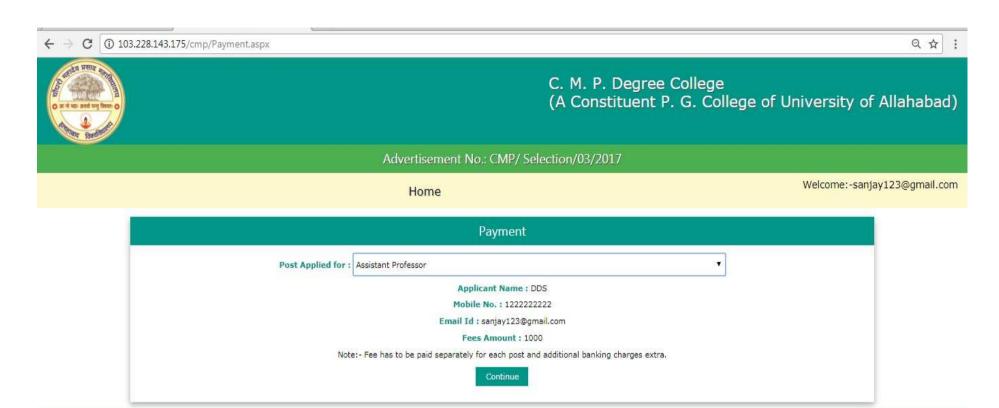


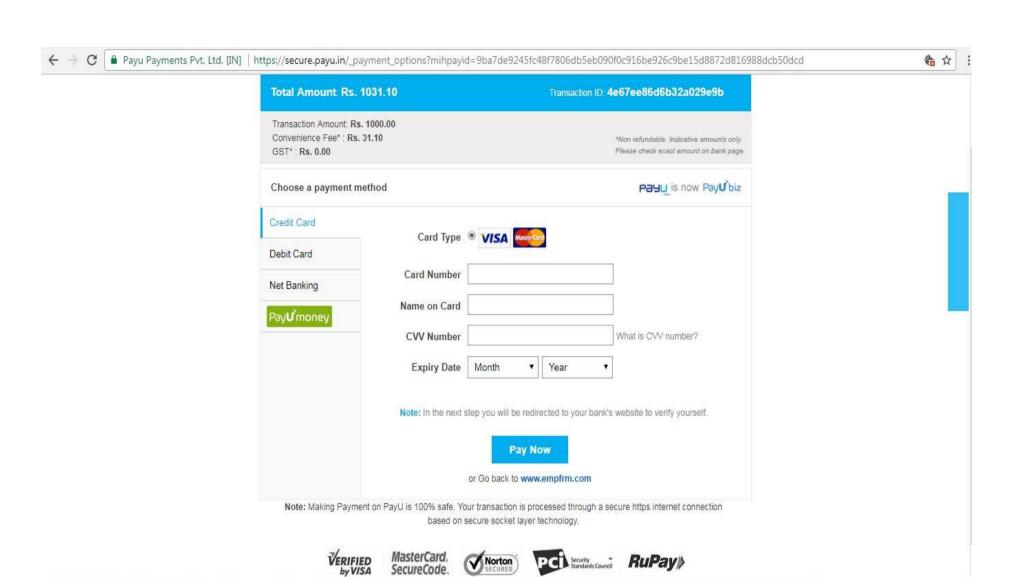


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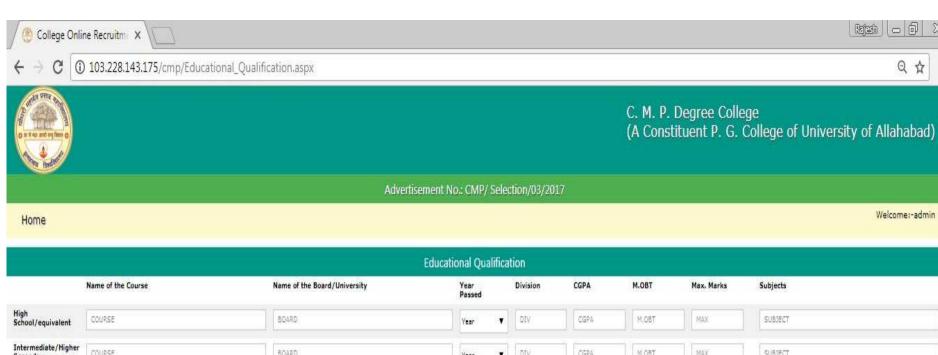


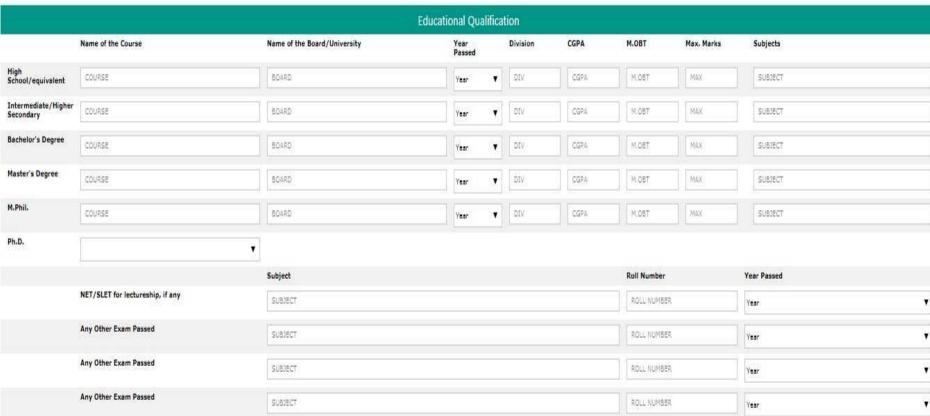


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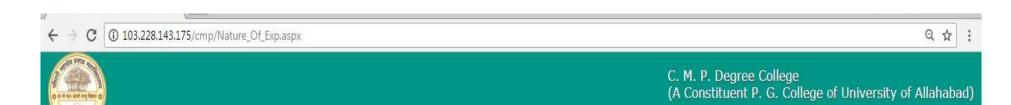
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Basic Details Form No: 40001 Applied Post: **Assistant Professor** Department/Subject Department/Subject: Applicant Name: AJAY KUMAR Applicant's Father Name: SUMIT KUMAR MOTHER NAME Applicant's Mother Name: Date of Birth: 17/04/1948 PLACE OF BIRTH Place of Birth: Gender: Gender Community Community: Community Community: Marital Status : Marital Status NAME OF SPOUSE Name of Spouse : 34535435 Aadhar Number: Mobile No: (Maximum 10-digit) 1234567890 No Differently abled: PERMANENT ADDRESS Permanent Address: State Pincode Pincode: Select, if same address POSTAL ADDRESS Postal Address: State Pincode Pincode:





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