

REGISTRATION DETAILS	
Name / नाम	KONSAM DEVKANTA SINGH
Father's Name / पिता का नाम	KONSAM KOMOL SINGH
Mother's Name / माता का नाम	KONSAM PURNIMASHI DEVI
Gender / लिंग	Male
Community /समुदाय	GEN
Candidate of Persons with Benchmark Disability with disability of 40 % or above/40% या अधिक विकलांगता के साथ बेंचमार्क विकलांगता वाले उम्मीदवार	NO
Date of Birth(Numeric) / जन्मतिथि (अंको में)	01-02-2001
Date of Birth(In Words) / जन्मतिथि (शब्दों में)	One February Twenty One
Place of Birth /जन्म स्थान	IMPHAL MANIPUR
Name of the State where You were born / राज्य का नाम जहां जन्म हुआ था	Manipur
Nationality / राष्ट्रीयता	Citizen of India
Mobile Number / मोबाइल नम्बर	9366535583
E-Mail / ईमेल	DEVAKANTAKONSAM782@GMAIL.COM
Registration Date/Time / पंजीकरण दिनांक / समय	November 15, 2024, 10:28 pm

You Are Successfully Registered.

Your Registration ID is: ewvxfrcb

Please Note Down Your Registration ID and your Password somewhere safe.
(You will be required to enter your Registration ID and Password each time you Login to the system)
Please apply for desired post by clicking on '**Apply Now**' link available on homepage.

Code / कोड:ffb9d7069a460085ce1da60220c03e64c92e21d39dc0f67f9a3296fa0084b184

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