



APPLICATION FORM

OFFICE USE ONLY:									Affix your	
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No. & Date:							with			
110. & Date.									Signature	
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	PERSO	ONAL IN	NFORMA	TION (IN	CA	PITAL I	LETTERS)			
Mr., Mrs., Ms. etc.:	Surname			First Name				Father's / Husband's Name		
Date of Birth				Age on la	ıst d	ate			_	
Gender	Male						Female			
Marital Status			'				•			
Category	Open		SEBC	S	C	Sī		EWS	3	
NOTE: If candida	te belong t	to SEBC	Please atta	ch copy of	Lat	est non c	reamy layer	certif	icate	
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Country of Birth:										
Nationality:										
Educational Qua	lification	(*) From		ation onw	ard					
Examination	Board/U	niversity	Year of		Iark		% out of	S	Subject Course	
	20014, 0		Passing	Obtained	1	Out of	Marks	<u> </u>		
SSC HSC								-		
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D.El.Ed								+		
GD Art								+		
ATD	1								_	
Bachelor Degree										
Master Degree										
NET/SET	<u> </u>							+		
M. Phil										
Ph.D.										
Certificate/										
Diploma										
Any Other										
(Note: (*) Please a	attach sepa	rate shee	t if the spa	ce is insuff	ficie	nt)				

Technical/Profes Designation	Name of the		Nature of	Peri	od of Se	ervice		
	Organization	Pay	Appointment	From To Per				
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A 313141	1 T C	 mation, If any:						
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				mark sheets, cast cert	ificate*, N	Von-Crea	amy laye	
certifica	te*, expei	rience certificates a	and other supporti	ng documents.				
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Place: Date:					ature of th			

(Encl: As above)