APPLICATION FORM FOR THE POST OF TEACHER ON REGULAR BASIS

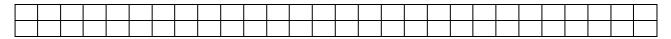
(Application Form may be downloaded from Website: www.sssopgalgnaj.in)

SAINIK SCHOOL GOPALGANJ PO - HATHWA, DISTT - GOPALGANJ BIHAR – 841436

Note: (i) Before filling up this form, read the instructions very carefully. (ii) All entries should be made in capital letters

	Date of E	Birth	Age as	On 01.0	1.2020	Gender	Category
Day	Month	Year	Day	Month	Year	Male/ Female	

1. Application for the post Applied



2. Candidate's Name (in capital letters) (please keep one box blank between name, middle name & surname)

3. Farther's/Husband's name (in capital letters) (please mark (√) tick in the appropriate box) Husband ______ Father _____

4. Sub category (please mark () tick in the appropriate box)

			ub Categ sically Ch	gory-l allenged)		If Physically Challenged, Please indicate whether	o Category-II se mark (√) tick)		
If phy colum	-	challeng	jed, mark	the appropriate	Guide/Scribe is required at the	Sainik School	Govt. Regular	Women	
Visua challe	ally enged	Hearing Challer	nged O	Locomotor / Orthopadecally Challenged		Examination Centre (Write:Yes/No)	Regular Employee	Service	
		Sı	ub Categ	ory-III					I
(Plea	Ex-Serviceman (Please mark (V)tick)(To be filled only if candidate himself/herself is Ex- Serviceman)								
Self	Depe	ndent	Joining date	Retirement Date	Total Service				

5. Details of Fee Demand Draft paid:-

DD No.	Date	Name of Bank	Branch Address	Branch Code	Amount (Rs)			
		SBI						
(Candidates should write Name, Post, and Mailing Address in capital letters, on the reverse side of the Demand Draft)								

6.	Candidate's Address (in capital letter	rs)		
	(a) Name	·		Please affix your recent Photograph
	(b) Name of Father/Husband			
	(c) Address			<u>Without</u> <u>Attestation</u>
	City	State		
	Pin Code			
7. ((a) Contact No. with STD Code		Mobile No	Signature of Candidate ↑
((b) E-mail ID			

Academic Qualification (Starting from Class 10th) (Please give information as applicable. Attach separate sheet if columns are insufficient.)

Name of Exam	Year	Aggreg	ate Marks		Subjects	Duration of	Name of
(write complete name of Class/Course passed)	of Passing	Max Marks	Marks Obtained	% Marks	Studied	Course (in months)	Board/ University
Matriculation (Class X)							
Senior Secondary (Class – XII) Graduation /Diploma (Name of course) Post Graduation							
(Name of course)							
Other if any, (Specify)							

9. Professional/Technical Qualification

Name of Exam	Year	Aggrega	ate Marks		% age in Subject	Duration	Name of
(write complete name of Course)	of Passing	Max Marks	Marks Obtained	% Marks	Applied Subjects Studied	of Course (in months)	Board/ University

10. Experience (Attach separate sheet, if columns are insufficient)

Post Held	Name of Institution/ Deptt/ Ministry	Whether Central Govt. / State Govt. / Autonomous Body/ Public Sector/ Private (if applicable)	Period of From	f Service To	No. of years & months	Nature of Duties	Scale of pay and salary per month (Rs.)

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.11. Interests/ Hobbies or expertise in any other fields:-

DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby certify and declare that:-

- (a) I am an Indian National.
- have read the provisions given in the Advertisement. (b)

All statements made and information given by me in this application are true, complete and correct to the (c) best of my knowledge and belief. In the event of any information or part of it being found false or incorrect before or after the exam./interview or appointment, action can be taken against me by the Sainik School Gopalganj and my candidature/appointment shall automatically stand cancelled/terminated.

I further declare that I fulfill all the conditions of eligibility regarding age, educational, professional/technical (d) qualifications, etc. prescribed for the post applied for. The essential qualifications prescribed are possessed by me, the proof of which has been enclosed with this application form.

In case my application is not received by Sainik School Gopalganj within the stipulated date due to postal (e) delay or otherwise, School will not be responsible for such delay.

I will not lay any claim for refund of non-refundable application fee from Sainik School Gopalganj under any (f) circumstances.

 Please affix on recent passport size photograph with attestation	
	0:

Place: _____

Date: _____

Signature of candidate

IF EMPLOYED, APPLY THROUGH PROPER CHANNEL (FOR USE OF THE FORWARDING OFFICE)

Name of the Office		
Date	and address	
Pin Code	·	
It is certified that the a	applicant Mr/Mrs/Miss	is working as
	in this Institution/ Organisati	on, which is a Government/ Semi
Government/ State G	overnment / Govt recognised/ A	utonomous / Aided / Private since
and tha	at entries made by the applicant	have been checked and verified from the
service records.		
No disciplinary ac	tion is pending/ contemplated ag	gainst him/her at the time of submission of
this application.		
Place		
Date	_	Signature
		Name
		Designation
Seal		

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