

APPLICATION FORM

recent Photograph

Without Attestation

Please affix your

SAINIK SCHOOL GOPALGANJ PO - HATHWA, DISTT - GOPALGANJ **BIHAR – 841436** Website: www.sssopgalgnaj.in

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

Signature of Candidate 1

I	Date of E	Birth	As or	01 Jan 2	2024	Geno	der	Category
Day	Month	Year	Day	Month	Year	Male	Female	

1. Application for the post Applied

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

3. Father's/Husband's name (in capital letters) (please mark ($\sqrt{}$) tick in the appropriate box) Husb

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

			ub Cat sically C				If Physically Challenged, Please indicate		b Category se mark (√	
colum Visua	nn	challeng Hearin Challei	g l nged (Loco Orthe	e appropriate omotor / opadecally lenged	ed	whether Guide/Scribe is required at the Examination Centre (Write:Yes/No)	Sainik School Regular Employee	Govt. Regular Service	Women
		S	ub Cate	egory	y-III					
	ervicen se mar k)		•	elf/he	ed only if cand rself is Ex- an)	didate				
Self	Depe	ndent	Joinin date	0	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 show of the Demand D		me, Post, and Maili	ng Address in capi	tal letters, on the rev	erse side

6. Candidate's Address (in capital letters)

(a)	Name			
(b)	Name of Father/Husband			
(C)	Address			
City_		_State		
Pin C	ode			
(a) Co	ontact No. with STD Code		Mobile No	
(b) E-	mail ID			

8. 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 Qualification

7.

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

(a)	Typing Speed	English:	W.P.M	Hindi:	_ W.P.M
(b)	Shorthand Speed	English:	W.P.M	Hindi:	_ W.P.M
(c)	Computer Proficiency				
(d)	Knowledge of Computer Programme				

10. Technical Qualification (Please specify – Applicable for LDC Post)

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

Post Held	Name of Institution/	Whether Central Govt. /		od of vice	No. of years & months	Nature of Duties	Scale of pay and salary per
	Deptt/ Ministry	State Govt. / Autonomous Body/ Public Sector/ Private (if applicable)	From	То			month (Rs.)
(a)							
(b)							
(c)							

12. 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.
- (b) I have read the provisions given in the Advertisement.

(c) All statements made and information given by me in this application are true, complete and correct to the 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.

(d) I further declare that I fulfill all the conditions of eligibility regarding age, educational, professional/technical 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.

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

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

FOR USE OF THE FORWARDING OFFICE

Name of the Office					
Date	and address				_
PIN Code					
It is certified that the	e applicant Mr/Mrs/M	iss		is workir	ng as
	_ in this Institution/	Organization,	which is a Go	vernment/	Semi
Government/ State Go	overnment / Govt rec	ognized/ Auto	nomous / Aided	/ Private	since
and that	entries made by the ap	plicant have b	een checked and	verified fro	m the
service records.					
No disciplinary actic	on is pending/ contempl	lated against hi	m/her at the time	of submiss	sion of
this application.					
Place					
Date			Signature		
			Name		
			Designation		
Seal	_				
