

APPLICATION FORM

Please affix your recent Photograph

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

<u>Without</u> Attestation

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

Signature of Candidate 1

Γ	I	Date of E	Birth	Age as C	n 01 Jur	ו 2024	Gend	ler	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. Father's/Husband's name (in capital letters) (please mark ($\sqrt{}$) tick in the appropriate box)

Husband Father

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

			Sub Ca sically (ory-l llenged)		If Physically Challenged, Please indicate whether		b Category se mark (√	
If phys colum		challeng	ged, ma	ark ti	ne appropriate	d	Guide/Scribe is required at the	Sainik School	Govt. Regular	Women
	Visually Hearing Locomotor / challenged Challenged Orthopadecally Challenged					Examination Centre (Write:Yes/No)	Regular Employee	Service		
		S	ub Cat	ego	ry-III				<u> </u>	<u> </u>
(Pleas	Ex-Serviceman (Please mark √)tick)(To be filled only if candidate himself/herself is Ex- Serviceman)					lidate				
Self Dependent Joining Retirement Total date Date Service		Total Service	1							

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 capit	al letters, on the reve	erse side

Candidate's Address (in capital letters) 6.

(a)	Name			
(b)				
(c)	Address			
City_		State		
Pin C	Code			
(a) C	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	ate Marks		% age in Subject	Duration	Name of
(write complete	of	Max	Marks	%	Applied	of	Board/
name of Course)	Passing	Marks	Obtained	Marks	Subjects Studied	Course (in months)	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. /	Ser	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	ce						
Date		and address	;				
PIN Code							
It is certified t	hat the	applicant Mr/Mrs	/Miss			is v	vorking as
		in this Institutio	n/ Organiza	ation, v	which is a Go	overnmei	nt/ Semi
Government/ St	ate Gove	ernment / Govt	recognized/	Auton	iomous / Aide	ed / Priv	vate since
ar	nd that en	tries made by the	applicant h	ave bee	en checked and	d verified	from the
service records.							
No disciplina	ry action i	s pending/ conter	nplated aga	ainst hin	n/her at the tim	e of subr	nission of
this application.							
Place							
Date					Signature		
					Name		
					Designation		
Seal							

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