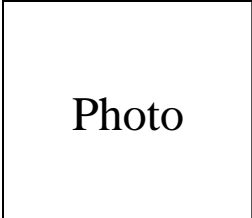


APPLICATION FORM FOR ASST MASTER/ACCOUNTANT/LDC

Application for the post of _____



1. Name (in capital letters): _____
2. Father's Name: _____
3. Date of Birth: _____
4. Age as on Date: _____ (years) _____ (months) _____ (days)
5. Category: General/SC/ST _____
6. Contact No.: Telephone/Mobile No. : _____ E-mail _____
7. Permanent Address: _____

8. Correspondence Address: _____

9. Academic Qualifications (attach photocopies): -

SNo.	Class	Board/University	Year of Passing	Marks obtained	%age obtained
(a)	10 th				
(b)	12 th				
(c)	Graduation				
(d)	Post Graduation				
(e)	B.Ed				
(f)	CTET/STET				

10. Experience (attach photocopies): -

SNo.	Name of the institution	Day/Residential	Period of service		Classes Taught
			<u>From</u>	<u>To</u>	

11. Proficiency in Computer: _____

12. Hobbies: _____

13. Proficiency in Games/ Co-curricular activities: -

<u>SlNo.</u>	<u>Game/Co-curricular</u>	<u>Level Played</u>	<u>Remarks</u>

14. Documents Attached: - 1. DD No. _____ dated _____

2. _____

3. _____

4. _____

5. _____

DECLARATION: - I declare that the information furnished above is true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Date: _____

Signature of Candidate