

NETARHAT VIDYALAYA SAMITI NETARHAT

| APPL | LICATION FOR THE POST OF |
|------|---|
| | e filled in by the candidate in his/her own handwriting in BLOCK LETTERS with Black ink ball pen) |
| 1. | Post Applied for: |
| 2. | Subject (For Teachers only):- |
| 3. | Candidates Name: |
| 4. | |
| 5. | Permanent Address:- |
| | |
| | |
| | |
| 6. | Communication Address: |
| | |
| | |
| | |
| 7. | Contact No: |
| 8. | Email-id:- |
| 9. | Date of Birth:- |
| | (In words) |
| | O. Age as on 01-01-2015:- |
| | . Gender: Male/Female:- |
| 12 | . Category: UR/SC/ST/OBC:- |

13. **Educational Qualification**: (Starting from 10th Board) (Attached duly attested copies of Certificate as proof)

| S.No | Exam Passed | Name of Board/University | Subjects | Year of Passing | % of Marks | Division/ Class |
|------|-------------|-----------------------------|----------|--------------------|---------------|--------------------|
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14. Technical/professional Qualification:

| S.No. | Name of Course | Board/University/Ins. | Year of | Grade/Div |
|-------|----------------|-----------------------|---------|-----------|
| | | | passing | |
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15. **Details of Employment/Experience** (Starting from the most recent)

| Name of | Post held | From | То | Total Work | Total | Nature of Duties |
|--------------|-----------|------|------|------------|--------------|--------------------|
| Organization | | (DD/ | (DD/ | Experience | Emoluments/ | (Permanent/Adhoc/ |
| | | MM/ | MM/ | (In years | Compensation | Temporary/Contract |
| | | YY) | YY) | and | - | |
| | | ŕ | | months) | | |
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| • | possess to | | tial qualific | ation and experier | ice as on clo | osing date of |
|---|--|---|--|---|---|--|
| (Tick N | Mark) | Yes | Ŋ | No | | |
| 17. Attacl | ı a separa | nte sheet | elaborating | desirable qualific | ations, testi | monials, if any |
| | f docume t certifica | | hed with the | application form | (only duly a | attested copies of |
| | | | | | | |
| | | | | | | |
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| 19. Details | of Demai | nd Draft | | | | |
| S No. | DD No | 0. | Date | Issuing Bank | | Amount |
| correct to t (b) I have a certificates (c) I under incomplete liable to be | y certify the best of also enclosed. stand that at any state cancelled. | my know sed duly a in the eve age or any | vledge and battested and be ent of informations of ineligibility ted automation | le in this application elief and have filled legible copies of all nation being found to being detected, more cally without any national | d in my own l relevant do false or dete y candidatur | handwriting. ccuments/ ccted incorrect or re/selection/ is |
| Date: Place: | | | | | | |
| | | | | | Signature | of the Candidate |
| Note: All t | he signatu | ıres done | on the applic | cation Form should | l be in runni | ng script (Not in |

BLOCK LETTERS) and in the same language and style.