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. Candidate's Nam	e (in cap	ital lette	rs) (F	Please	keep o	one box	k blan	k betv	veen F	irst na	ine, N	liddle n	ame &	& Las	st nam	e)		
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(Please give information as applicable. (Attach attested copies of Mark sheets and Certificates)

Name of Examination	Write name of	Year of	GGREGA MARK		Subjects /	Duration of course	Board/	
	Examination passed		Marks obtained	% age of Marks	Specialization	of course (in months)	University	
High School (Class X)								
Intermediate (Class XII/PUC)								
Graduation (B.A/B.Sc./ B.Tech/B.E etc.)		3.						
Post Graduation (M.A/M.Sc./ MCA/M.Tech)								
Others if any (Specify)								

CTET Qualification-Please tick ($\sqrt{}$) Primary Yes () No () Secondary Yes () No ()

9. Professional Qualification (Attach attested copies of mark sheets & certificates)

-	Name of amination	Write name		AGGI	REGATEM	1ARKS		the second	, S ²
(with name F	h complete e of course bassed)	of Examination passed	Year of passing	Max. Marks	Marks obtained	%age of marks	Subjects /Specialization	Duration of course (in months)	Board/ University
JBT/B. (specify	El.Ed/D.Ed								
	Theory								
B.Ed	Practical								
BE/B.T	ech(CS)/								
Other if (specify									

10. Experience (Attach Experience certificate in support of experience)

		Name of	Period of	fservice				
	Post held	Institution	From	То	No. of completed years & months	Class taught	Subjects taught	Scale of pay and salary per month
					,			
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1	Are you abl (Please ma	e to teach throug rk ($$) tick in the	th English and appropriate b	d Hindi, both box) For tead	h? нл ching posts	NDI	ENGLISH	вотн
2	Do you hav (Please ma	e knowledge of \mathfrak{c} rk ($$) tick in the	computer app appropriate b	lication? box) For tead	ching posts	ES	NO]

UNDERTAKING

I hereby certify that all the information given above for (S.N. 1 to 12) is true and correct to the best of my knowledge. I have attached attested copies of my testimonials in support of the entries made above. I also agree that mere eligibility does not confer right to be called for interview/selection. My candidature may be cancelled in case any information is found to be incorrect on verification.

Place____ Date____

Signature	

E-mail ID: _____

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Checked/Verified by

Sign	
Name	
Designation	

<u>Note</u>

1) It is compulsory to submit the photocopies of all the testimonials along with this Application form on the date of

interview

2) Candidates are requested to carry original testimonials along with them at the time of interview.