BIODATA

Dated. 08.07.2024

I	POST APPI	LIED FOR	:				F	hoto	
1	NAME OF THE CANDIDATE		:						
I	FATHER'S NAME		:						
DATE OF BIRTH		:							
SEX (Male/Female)		Female)	:						
Married/Unmarried		married	:						
ADDRESS			: :						
MOBILE NO.		O.	: 1.		2.		3.		
,	ACADEMI	C QUALIFICATIONS	:						
Name of Exam.		Subjects offered		Bo	oard/University	Year	% of Marks	Division	
High Sch	ool						WHITE		
Intermediate									
B.A. /B.Sc./									
B.Com.									
M.A. /M.	Sc.								
M.Com.									
B.Ed./M.I JBT	Ed/								
MCA/PGDCA/									
BCA/B.Tech									
B.P. Ed. /D.P. Ed.									
I	EXPERIEN	CE :							
Sl.No	No Name of the Institution				Post held		Period		
I hereby declare that the information given above are true to the best of my knowledge and if any wrong information found you my take any action. I also clearly understood that this post is purely temporary part time period basis and no right to claim for permanent or regular appointment.									
PLACE:					SIGNATURE				
DATE					NAME				