## **APPLICATION FORM**

(Application Form may be downloaded from Website: www.sssopgalgnaj.in)



Husband

# SAINIK SCHOOL GOPALGANJ

PO - HATHWA, DISTT - GOPALGANJ BIHAR – 841436

Gender

Category

Note: (i) Before filling up this form, read the instructions very carefully.

Age as On 01 01 2021

3. Father's/Husband's name (in capital letters) (please mark ( $\sqrt{}$ ) tick in the appropriate box)

ii) All entries should be made in capital letters

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

Father [

Sub Category-I (Physically Challenged)				If Physically Challenged, Please indicate whether	Sub Category-II (Please mark (√) tick)					
If physically challenged, mark the appropriated column		nged, mark the appropriated			Guide/Scribe is required at the	Sainik School	Govt. Regular	Women		
Visua challe	ally enged	Hearin Challer			Examination Centre (Write:Yes/No)	Regular Employee	Service			
		Sı	ub Cat	ego	ry-III					
_	ervicem se mar k)			elf/he	ed only if cand erself is Ex- an)	didate				
Self	Depe	ndent	Joinir date	ng	Retirement Date	Total Service				

5. Details of Fee Demand Draft paid:-

DD No.	Date	Name of Bank	Branch Address	Branch Code	Amount (Rs)
		SBI			
(Candidates sho		me, Post, and Maili	ng Address in capi	tal letters, on the rev	erse side

6.	Candidate's Address (in cap	oital letters)	
		sband	Please affix your recent Photograph
	(c) Address	svariu	<u>Without</u> <u>Attestation</u>
	City	State	
7.	Pin Code(a) Contact No. with STD Code_	Mobile No	Signature of Candidate ↑
(	(b) E-mail ID		
	Academic Qualification (Startin ase give information as applicab	ng from Class 10 <sup>th</sup> ) le. Attach separate sheet if columns are insuff	icient.)

Year	Aggrega	ate Marks		Subjects	Duration of	Name of
of	Max	Marks	% Marks	Studied	Course	Board/
Passing	Marks	Obtained			(in months)	University
	of	of Max	of Max Marks	of Max Marks % Marks	of Max Marks % Marks Studied	of Max Marks % Marks Studied Course

### 9. Professional Qualification

Name of Exam	Year	Aggrega	ite Marks		% age in Subject	Duration	Name of
(write complete name of Course)	of Passing	Max Marks	Marks Obtained	% Marks	Applied Subjects Studied	of Course (in months)	Board/ University

#### 10. Technical Qualification (Please specify – Applicable for LDC Post)

(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				

#### 11. Experience (Attach separate sheet, if columns are insufficient)

Post Held	Held Institution/ Cen			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.

Place:	with attestation	Signature of candidate
	OR USE OF THE FORWARDING	
Date	and address	
Pin Code		
It is certified that the applicar	nt Mr/Mrs/Miss	is working as
in t	this Institution/ Organisation, which	ch is a Government/ Semi
Government/ State Government	ent / Govt recognised/ Autonome	ous / Aided / Private since

No disciplinary action is pending/ contemplated against him/her at the time of submission of this application.

and that entries made by the applicant have been checked and verified from the

Place \_\_\_\_\_

service records.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation\_\_\_\_\_

Seal \_\_\_\_\_

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