

APPLICATION FORM SAINIK SCHOOL GOPALGANJ

PO - HATHWA, DISTT - GOPALGANJ BIHAR - 841436

School Website: www.sssopgalgnaj.in

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

ĺ	(ii) All	entries	should	be made	in ca	pital	letters

l	Please affix your
l	recent
l	Photograph
l	
l	Without
l	Attestation
l	Signature in box
ı	given below i

	Date of Birth				Ag	e as	s O	n 01	1.10	.202	21			(Gen	der			Ca	iteg	ory			
Day	Month	Yea	ar		Day			Мо	nth	Υe	ear		Ма	le		Fe	mal	е						
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Visually Hearing Locc challenged Challenged Orth Chal		ора	dec	cally	,			Examination Centre (Write:Yes/No) Regular Employee		S	ervi	ce												
	Sub Category-III													•										
(Pleas	Ex-Serviceman (To be filled only if candidate himself/herself is Ex-Serviceman))																			

5. Details of Fee Demand Draft paid:-

Dependent

Self

Joining

date

Retirement

Date

DD No.	Date	Name of Bank	Branch Address	Branch Code	Amount (Rs)		
		SBI					
(Candidates should write Name, Post, and Mailing Address in capital letters, on the reverse side of the Demand Draft)							

Total

Service

6.	Candid	date's Address (in capital letters)			
	(a)	Name			
	(b)	Name of Father/Husband			
	(c)	Address			
	City	State			
	Pin Co	de			
7.	(a)	Contact No. with STD Code	Mobile N	0	
	(b)	E-mail ID			
		Qualification (Starting from Class 10 th) formation as applicable. Attach separate sheet if co	olumns are ins	ufficient.)	
		Voor Aggregate Morks	Cubicata	Duration of	Name of Deard

Name of Exam	Year	Aggrega	ate Marks		Subjects	Duration of	Name of Board/
(write complete	of	Max	Marks	% Marks	Studied	Course	University
name of	Passing	Marks	Obtained			(in months)	
Class/Course							
passed)							
Matriculation							
(Class X)							
Senior							
Secondary							
(Class – XII)							
Graduation							
/Diploma							
(Name of course)							
Post Graduation							
(Name of course)							
Other if any, (Specify)							
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9. Professional Qualification

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

10. Technical Qualification (Please specify - Applicable for UDC/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	Name of Institution/	Whether Central Govt. /		od of vice	No. of years & months	Nature of Duties	Scale of pay and salary per month
	Deptt/ Ministry	State Govt. / Autonomous	From	То			(Rs.)
		Body/ Public Sector/ Private (if applicable)					
(a)		(a approximate)					
(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:	
Date:	(Signature of candidate)

FOR USE OF THE FORWARDING OFFICE

Name of the Office	
Date and	l address
Pin Code	<u> </u>
	t Mr/Mrs/Miss is working as Institution/ Organisation, which is a Government/ Semi
Government/ State Government	/ Govt recognised/ Autonomous / Aided / Private since de by the applicant have been checked and verified from the
service records.	
No disciplinary action is pendir	ng/ contemplated against him/her at the time of submission of
this application.	
Place	
Date	Signature
	Name
	Designation
Seal	
