## **APPLICATION FORM**

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



Date of Birth

# 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 01.03.2021

ii) All entries should be made in capital letters

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	Day	Mont	h Y	ear		Day			Mor	nth	Ye	ar		Ma	ıle		Fe	mal	Э							
1 Apr	. Application for the post Applied																									
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3. Fath	3. Father's/Husband's name (in capital letters) (please mark (√) tick in the appropriate box) Husband Father																		

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

	Sub Category-I (Physically Challenged)						If Physically Challenged, Please indicate whether	Sub Category-II (Please mark (√) tick)				
If physically challenged, mark the appropriated column					he appropriate	Guide/Scribe is required at the	Sainik School	Govt. Regular	Women			
Visua challe	ally enged	Hearin Challer		Locomotor / d Orthopadecally		Examination Centre (Write:Yes/No)	Regular Employee	Service				
		Sı	ub Cat	ego	ry-III							
(Plea												
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 should write Name, Post, and Mailing Address in capital letters, on the reverse side of the Demand Draft)								

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	Name of Institution/	Whether Central Govt. /		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: Date:	Please affix on recent passport size photograph with attestation	Signature of candidate								
FOR USE OF THE FORWARDING OFFICE  Name of the Office										
Date and ad	dress									
Pin Code										
It is certified that the applicant Mr/Mrs/		_								
in this Institution/ Organisation, which is a Government/ Semi										

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

Government / State Government / Govt recognised / Autonomous / Aided / Private since

Place \_\_\_\_\_

service records.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation\_\_\_\_\_

Seal

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