APPLICATION FORM

SAINIK SCHOOL GOPALGANJ

PO - SIPAYA VIA KUCHAIKOTE,
DISTT - GOPALGANJ BIHAR - 841501
Website: **www.sssopgalgnaj.in**

Please affix your recent Photograph

Without Attestation

Note: (i) Before filling up this form, read the instructions very carefully.
(ii) All entries should be made in capital letters

Signature of Candidate ↑

Date of Birth			Age as on 01 Apr 2027			Gender		Category
Day	Month	Year	Day	Month	Year	Male	Female	

1. **Application for the post Applied**

2. **Candidate's Name (in capital letters) (please keep one box blank between name, middle name & surname)**

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 Guide/Scribe is required at the Examination Centre (Write:Yes/No)	**Sub Category-II** (Please mark (√) tick)		
If physically challenged, mark the appropriated column				Sainik School Regular Employee	Govt. Regular Service	Women
Visually challenged	Hearing Challenged	Locomotor / Orthopedic Challenged				

Sub Category-III				
Ex-Serviceman (Please mark (√)tick)		(To be filled only if candidate himself/herself is Ex-Serviceman)		
Self	Dependent	Joining date	Retirement Date	Total Service

5. **Details of Fee Demand Draft paid**:-

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

6. Candidate's Address (in capital letters)

6.1. Name _____

6.2. Name of Father/Husband _____

6.3. Address _____

_____

_____

City _____ State _____

Pin Code _____

7. 7.1. Contact No. with STD Code _____ Mobile No. _____

7.2. E-mail ID _____

8. **Academic Qualification (Starting from Class 10th)**
(Please give information as applicable. Attach separate sheet if columns are insufficient.)

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

9. **Professional Qualification**

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

10. **Technical Qualification (Please specify – Applicable for UDC/LDC Post)**

10.1.	Typing Speed	English: _____W.P.M	Hindi: _____W.P.M
10.2.	Shorthand Speed	English: _____W.P.M	Hindi: _____W.P.M
10.3.	Computer Proficiency		
10.4.	Knowledge of Computer Programme		

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

Post Held	**Name of Institution/ Deptt/ Ministry**	**Whether Central Govt. / State Govt. / Autonomous Body/ Public Sector/ Private (if applicable)**	**Period of Service**		**No. of years & months**	**Nature of Duties**	**Scale of pay and salary per month (Rs.)**
			From	**To**			

12. **Interests/ Hobbies or expertise in any other fields**:-

DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby certify and declare that:-

12.1. I am an Indian National.

12.2. I have read the provisions given in the Advertisement.

12.3. 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.

12.4. 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.

12.5. 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.

12.6. I will not lay any claim for refund of non-refundable application fee from Sainik School Gopalganj under any circumstances.

FOR USE OF THE FORWARDING OFFICE

Name of the Office_____

Date _____and address _____

_____

PIN Code _____.

It is certified that the applicant Mr/Mrs/Miss_____ is working as _____ in this Institution/ Organization, which is a Government/ Semi Government/ State Government / Govt recognized/ Autonomous / Aided / Private since _____and that entries made by the applicant have been checked and verified from the service records.

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

Place _____

Date _____ Signature _____

Name _____

Designation_____

Seal _____

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