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

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

Age as On 01.10.2015

(ii) All entries should be made in capital letters

		Day	Month	Year	Da	У	Mor	ıth	Ye	ear	 lale/ ema							
1.	1. Application for the post Applied (please mark (√) tick in the appropriate box)																	
Assistant Master (Computer Science) Nursing Assistant																		
2.	2. Candidate's Name (in capital letters) (please keep one box blank between name, middle name & surname)																	
3. Farther'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)

			ub Ca sically		ory-l llenged)	If Physically Challenged, Please indicate whether	Sub Category-II (Please mark (√) tick)				
If phys columr	-	challeng	ged, ma	ark t	he appropriate	Guide/Scribe is required at the	Sainik School	Govt. Regular	Women		
	Visually Hearing Challenged		_	Locomotor / Orthopadecally Challenged			Examination Centre (Write:Yes/No)	Regular Employee	Service		
		Sı	ub Cat	ego	ry-III		l				
(Please mark			`	elf/h	ed only if cand erself is Ex- an)	didate					
Self	Deper	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)							

(a) (b)	ate's Address Name Name of Fa Address	<u>Without</u>						
City	/			State				
	Code						L	
					Mobile No			ure of Candidate
(b) E-mail I	D							
8. Academic C (Please give inf					if columns are in	sufficien	t.)	
Name of Exam	Year		ate Marks	T	Subjects		ion of	Name of
(write complete name of Class/Course passed)	of Passing	Max Marks	Marks Obtained	% Marks	Studied	Cours (in m	se onths)	Board/ University
Matriculation (Class X)								
Senior Secondary (Class – XII)								
Graduation /Diploma (Name of course)								
Post Graduation (Name of course)								
Other if any, (Specify)								
9. Professiona	l/Technical	Qualificat	ion				l	
Name of Exam	Year	Aggrega	ate Marks		% age in Subje	ect	Duratio	n Name of
(write complete name of Course)	of Passing	Max Marks	Marks Obtained	% Marks	Applied Subjects Studi		of Course (in months	Board/ University
							months	

10. 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)							

.11. 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) 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.

	Please affix on recent passport size photograph with attestation	
Place:		
Date:		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/	Miss is working as
in this Institu	tion/ Organisation, which is a Government/ Semi
Government/ State Government / Gov	t recognised/ Autonomous / Aided / Private since
and that entries made b	y the applicant have been checked and verified from the
service records.	
No disciplinary action is pending/ c	ontemplated against him/her at the time of submission of
this application.	
Place	
Date	Signature
	Name
	Designation
Seal	
