1.	Name (in Ca	apital Letters)	:			
2.	Sex		:			
3.	Permanent A	Address	:			
4.	Address for (with PIN co	communication ode)	:			
5.	Phone No.(v	with STD Code)	:	Mobile: E-mail :		
6.	Father's/Hus	sband's Name	:	L-man .		
7.	Age & Date	of Birth	:	:		
8.	Religion & 0	Caste	:			
9.	Whether elig	gible for Reservation	:	YES/NO		
10	. Educationa	l Qualifications(Post	Graduation or	nwards) :		
Name of Examinations		Month & Year of passing	University/Institute		Marks/ Grade	% of Marks
11	. Whether NE	T Qualified	· VES	S/NO; If	Yes, attach	certificat

13. Whether self attested copy of equivalence Certificate produced

		Teaching Experience, if any, give details :									
	Name of Institut		ion	Designa		Duration From to .					
						110111 10 .					
16.	Any other deta	ails		:							
	•										
17.	Application fe	e details		:							
	Amount	: Rs.200/-	Chalan/DD N	No. :	Date	:					
ote:-	Candidate shoul	ld produce the	originals of all c	ertificates for ver	rification at the	time of interview					
	I hereby declar	re that all the	information fur	rnished in this a	application is	rue, complete ar					
rrect	to the best of r					_					
			Signature wi	th date:							
			Name:								
		-	OR OFFICE	LICE ONLY							

Assistant Section Officer Assistant Registrar Deputy Registrar/Joint Registrar

VERIFIED