



**NETARHAT VIDYALAYA SAMITI**  
**NETARHAT**

**APPLICATION FOR THE POST OF \_\_\_\_\_**

(To be filled in by the candidate in his/her own handwriting in BLOCK LETTERS with Blue/Black ink ball pen)

1. **Post Applied for:-** \_\_\_\_\_
2. **Subject (For Teachers only):-** \_\_\_\_\_
3. **Candidates Name:-** \_\_\_\_\_
4. **Father's/Husband's Name:-** \_\_\_\_\_
5. **Permanent Address:-** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. **Communication Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **Contact No:-** \_\_\_\_\_
8. **Email-id:-** \_\_\_\_\_
9. **Date of Birth:-** \_\_\_\_\_  
(In words) \_\_\_\_\_
10. **Age as on 01-01-2015:-** \_\_\_\_\_
11. **Gender: Male/Female:-** \_\_\_\_\_
12. **Category: UR/SC/ST/OBC:-** \_\_\_\_\_

13. **Educational Qualification:** (Starting from 10<sup>th</sup> Board) (Attached duly attested copies of Certificate as proof)

S.No	Exam Passed	Name of Board/University	Subjects	Year of Passing	% of Marks	Division/ Class

14. **Details of Employment/Experience** (Starting from the most recent)

Name of Organization	Post held	From (DD/MM/YY)	To (DD/MM/YY)	Total Work Experience (In years and months)	Total Emoluments/ Compensation	Nature of Duties (Permanent/Adhoc/Temporary/Contract)

15. **Do you possess the essential qualification and experience as on closing date of receipt of application.**

(Tick Mark )      Yes                      No

16. **Attach a separate sheet elaborating desirable qualifications, testimonials, if any**

**17. List of documents attached with the application form** (only duly attested copies of relevant certificates)


**18. Declaration:**

(a) I hereby certify that all statements made in this application are true. Complete and correct to the best of my knowledge and belief and have filled in my own handwriting.

(b) I have also enclosed duly attested and legible copies of all relevant documents/ certificates.

(c) I understand that in the event of information being found false or detected incorrect or incomplete at any stage or any ineligibility being detected, my candidature/selection/ is liable to be cancelled/terminated automatically without any notice served to me and in addition to any other action that may be taken against me.

Date:

Place:

Signature of the Candidate

**Note:** All the signatures done on the application Form should be in running script (Not in BLOCK LETTERS) and in the same language and style.