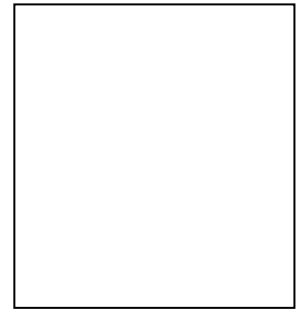


**APPLICATION FORM**

1. Applied post for:- \_\_\_\_\_
2. Name of the School:- HPS(B)  HPS(R)  HPS(W)
3. Candidate Name:- \_\_\_\_\_
4. Date of Birth:- \_\_\_\_\_
5. Age:- \_\_\_\_\_
6. Gender:- \_\_\_\_\_
7. Marital Status:- \_\_\_\_\_
8. Father's/Spouse Name:- \_\_\_\_\_
9. Full Address:- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Mobile No:- \_\_\_\_\_
11. Alternate Landline/ Mobile No:- \_\_\_\_\_
12. Email\_Id:- \_\_\_\_\_
13. Educational Qualifications:



SNO	QUALIFICATION		MEDIUM INSTRUCTION	YEAR OF STUDY	BOARD/ UNIVERSITY	PERCENTAGE / DIVISION	GRADE
	CORE	OPTIONAL					
1	X						
2	Inter						
3	<b><u>GRADUATION</u></b>						
(i)							
(ii)							
(iii)							
(iv)							
(v)							
(vi)							
(vii)							
4	<b><u>POST GRADUATION</u></b>						
(i)							
(ii)							

(iii)								
(iv)								
(v)								
(vi)								
(vii)								
5	<b><u>ELIGIBILITY TEST</u></b>							
(i)								
(ii)								
(iii)								
(iv)								
(v)								
6	<b>M.Phil</b>							
7	<b>Ph.D</b>							
8	<b><u>SPORTS</u></b>							
(i)								
(ii)								
9	<b><u>NCC</u></b>							
(i)								
(ii)								
(iii)								
9	<b><u>OTHERS</u></b>							
(i)								
(ii)								
(iii)								
(iv)								

**13. Non-Teaching Experience:-**

SNO	NAME OF THE ORGANISATION	DESIGNATION	LOCATION	FROM DATE	TO DATE	TOTAL SERVICE PERIOD	
						YEARS	MONTHS
1							
2							
3							
4							
5							

**14. Teaching Experience if any:**

SNO	INSTITUTION		BOARD (SSC/CBSE/ICSE)	DESIGNATION	CLASSES TAUGHT	SUBJECT TAUGHT	FROM DATE	TO DATE	TOTAL EXPERIENCE	
	NAME	LOCATION							YEARS	MONTHS
1										
2										

**Note:-**1. Enclose copies of certificates, one passport size photograph.

2. Incomplete application form and Application without copies of qualification & Experience certificates will be rejected.

I hereby certify that the information provided by me is correct.

**SIGNATURE**

**DATE**