	ICATION FOR	RM FOR APPOIN	ITMENT	OF TEA				OR/NURS		SELLOR/Y	OGA CO	DACH e	etc.			
nortant notas				<u>ON</u> I	PART-TI	ME CON	TRACT BASIS			<b>•</b>			_			
portant notes:	2. One fo	tries should be orm should be se attested cop	used for	r one p	ost.		form. (If ap	plied for	more th	an onepo	st)					
POST APP								Î		JECT A		IED I	FOR			
• <b>POST APPLIED FOR</b> (Please indicate whether PGT/TGT/PRT/Computer								(Incas	e of PGT	TGT	)					
Instructor/Doc	ctor/Nurse/	Yogain the b	ox bel	ow)												
l ndidate's Name(in cap	pital letters)(	Please keep one	box bla	nk betw	een Fir	st name,N	/iddle name	&Last nar	ne)							
her's /Husband's Nar	<b>ne</b> (in capital	letters)		Father			Husba	and								
ease keep one box bla	ank between	First name, mid	dle nam	e & Last	: name)				5 (	7 <b>-</b> 1						
te of Birth:										Gender easeTick)		Ν	1		F	
<b>e</b> as on 31.03.2023		Y	ear			Month		Day	s							
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course passed)					passing Marks obtained			marks		specialization		(in	(in months)		University	
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				sing		larks	obtained	marks	/:							
JBT/B.E.ED/D.ED(specify)																
B.ED																
MBBS/Degree/Diploma in Nursing	'													$\square$		
Other if any(specify)																
Experience (Attach									<u> </u>				<del></del>			
Post held	Name of Istitution		service No		No. o	1 2		Class taught		Subjects taugh		ıt			Scale of pay and salary per month	
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													+			
re you able to teach the provided $(Please mark (y))$ tick				nosta			· ·		YES			Г	NO	1		
(Please mark ( $$ ) tick in the appropriate box) For teaching posts . Do you have knowledge of computer application?														┼───	$\dashv$	
, L	in the approx	priate box) For t	eaching	posts					YES				NO			
(Please mark ( $$ ) tick	11 1					TA	~									
(Please mark $()$ tick eby certify that all the		ı given above is	true and	-		TAKIN best of n	-	e. I have	self-attac	hed atteste	ed copi	es of r	ny test	imonia	ls in support	

Date\_\_

Signature\_\_\_\_\_

Name\_\_\_\_