



NETARHAT VIDYALAYA SAMITI
NETARHAT

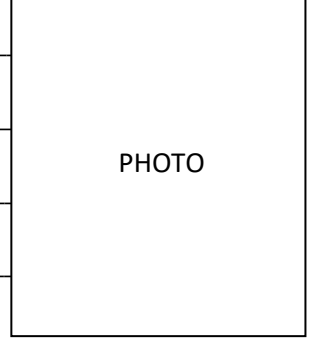
APPLICATION FOR THE POST OF _____

(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. **Candidate's Name:-** _____
3. **Father's/Husband's Name:-** _____
4. **Permanent Address:-** _____

5. **Communication Address:** _____

6. **Contact No:-** _____
7. **Email-id:-** _____
8. **Date of Birth:-** _____
(In words) _____
9. **Age as on 01-01-2022:-** _____
10. **Gender: Male/Female:-** _____
11. **Category: UR/SC/ST/OBC:-** _____
12. **Educational Qualification:** (Starting from 10th 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. Technical/professional Qualification :

S.No.	Name of Course	Board/University/Ins.	Year of passing	Grade/Div

15. 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)

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

(Tick Mark) Yes No

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

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

19. Details of Demand Draft

S No.	DD No.	Date	Issuing Bank	Amount

20.

- a) Are you claiming for Age Relaxation ? (Have you filled the application in Advertisement No. : Net-Appointment- Regular - 02/2017 ?) Yes/No : -----
- b) Do you have any document for the claim for age relaxation ?
(Document must be enclosed)

21. 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.