SAINIK SCHOOL KAZHAKOOTAM APPLICATION FORM FOR THE POST OF

1.	Full Name	:										
2.	Father's Name	:										
3.	Permanent Address	:									ent pas hotogra	
4.	Address for Correspondence / Present Address	:										
5.	Date of Birth	:	/	<u>/</u>	6.	Sex : Ma	ale	Female	e 🗌			
7.	Marital Status	:			 8.	Nationality	:					
9.	Religion	:			 10.	Category		GEN	SC	ST	OBC	OTHER
11.	Domicile (State)	:										
12.	E-mail id	:										
13. 14.	Telephone No. with STD Code Mobile No.	:										

15. . Educational qualifications (Matriculation onwards)

Qualification	ation Name of college/ University	Subj	ects	Percentage of marks	Year of Passing	Mode
		Main	Subsidiary		T dooling	Regular / Distance

16. Experience:

Name of the	Designation	Nature of	Pe	riod	Duration	Reason
Organisation		duties	From	То		for leaving

If employed in Govt. Dept. / PSU, whether applied through proper channel: Yes / No (If 'Yes' NOC to be produced)

17. DD No._____Date.__/ / Name of Issuing Branch_____

Branch Code No._____.

Declaration : I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue / false / incorrect or I do not satisfy the eligibility criteria, my candidature will be cancelled, without assigning any reasons thereof and the DD will stand forfeited. I have read the contents of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Date :

Place :

(Signature of Applicant)

IDENTITY CERTIFICATE

(TO BE PRODUCED AT THE TIME OF WRITTEN TEST / INTERVIEW)

Affix photograph

Seal of office & Signature of the Officer attesting this certificate should appear on the Photograph without covering the face

This is to certify that the details and photograph of Ms / Mr	
S/o /D/o	and resident of (R/O)

is

who has applied for the post of _______verified and certified as correct and genuine.

PERMANENT ADDRESS:

PRESENT ADDRESS:		
Signature of the Candidate Signature of the Certifying Office Name of Certifying Officer Phone No. of Certifying Officer	: er : :	
Designation	:	

(Seal of Office)

[Note : Identity of the Candidate should be certified by an Officer not below the rank of Tehsildar / Sub-Divisional Officer of the candidate's domicile place / native place, Principal of the school / college from where the candidate has passed his 10th Standard, Intermediate or Graduation / Diploma along with name, designation and seal of office.]