# SAINIK SCHOOL KAZHAKOOTAM APPLICATION FORM FOR THE POSTOF

1.	FullName	:												
2.	Father'sName	:												
3.	Permanent Address	:											ent pa	
4.	Addressfor Correspondence/ PresentAddress	:								_				
5.	DateofBirth	:	/_			6.	Sex :	Male		Female	е			
7.	MaritalStatus	:				8.	Nationa	ality	:					
9.	Religion	:				10.	Catego	ry		GEN	SC	ST	OBC	OTHER
11.	Domicile(State)	:				-								
12.	E-mailid	:												
13.	TelephoneNo. with STDCode	:												
14.	MobileNo.	:												
15 Educational qualifications (Matriculationonwards)														

Qualification	Name of college/	Subj	ects	Percentage of marks	Year of Passing	Mode	
	University	Main	Subsidiary	OFFICE	rassing	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. DDNo	Date.	/ /	Name o	fIssuingBranch_						
BranchCodeNo  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 appliedfor.										
Date :										
Place:					(Signature	ofApplicant)				

#### **IDENTITY CERTIFICATE**

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

Affixphotograph

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

Inis is to certify that the details and photograph of Mis/Mr						
S/o /D/o	and resident of(R/O)					
who has applied for thepostof	is					
verified and certified as correct andgenuine.						
PERMANENT ADDRESS:						
PRESENT ADDRESS:						
Signature oftheCandidate :						
Signature of the CertifyingOfficer:_						
Name of Certifying Officer :						
Phone No. of Certifying Officer :						
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.]