

APPLICATION FORM

Please affix your recent Photograph

SAINIK SCHOOL GOPALGANJ PO - HATHWA, DISTT - GOPALGANJ BIHAR – 841436 Website: www.sssopgalgnaj.in

Without Attestation

<u>Note</u>: (i) Before filling up this form, read the instructions very carefully. (ii) All entries should be made in capital letters

Signature of Candidate ↑

	Date of Birth		Age as C	On 01 Se	p 2022	Geno	der	Category
Day	Month	Year	Day	Month	Year	Male	Female	

1. Application for the post Applied

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-														·

2. Candidate's Name (in capital letters) (please keep one box blank between name, middle name & surname)

3. Father's/Husband's name (in capital letters) (please mark ($\sqrt{}$) tick in the appropriate box)

	Husband	
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													1

4. Sub category (please mark () tick in the appropriate box)

Father

			ub Cat e sically C	-	ry-l lenged)		If Physically Challenged, Please indicate whether		b Category se mark (√)	
	f physically challenged, mark the appropriated column					ed	Guide/Scribe is required at the	Sainik School	Govt. Regular	Women
	/isually Hearing Locomotor / challenged Challenged Orthopadecally Challenged		Examination Centre (Write:Yes/No)	Regular Employee	Service					
		S	ub Cate	egor	ry-III			I		I
(Plea	Ex-Serviceman (Please mark (\sqrt) tick)(To be filled only if candidate himself/herself is Ex- Serviceman)									
Self	Depe	ndent	Joinin date	g	Retirement Date	Total Service				

5. Details of Fee Demand Draft paid:-

DD No.	Date	Name of Bank	Branch Address	Branch Code	Amount (Rs)							
		SBI										
(Candidates should write Name, Post, and Mailing Address in capital letters, on the reverse side of the Demand Draft)												

6. Candidate's Address (in capital letters)

(a)	Name			
(b)	Name of Father/Husband			
(c)	Address			
City_		State		
Pin C	ode			
(a) Co	ontact No. with STD Code		Mobile No	
(b) E-	mail ID			

8. Academic Qualification (Starting from Class 10th) (Please give information as applicable. Attach separate sheet if columns are insufficient.)

Name of Exam	Year	Aggreg	ate Marks		Subjects	Duration of	Name of
(write complete name of Class/Course passed)	of Passing	Max Marks	Marks Obtained	% Marks	Studied	Course (in months)	Board/ University
Matriculation (Class X)							
Senior Secondary (Class – XII)							
Graduation /Diploma (Name of course)							
Post Graduation (Name of course)							
Other if any, (Specify)							

9. Professional Qualification

7.

Name of Exam	Year	Aggrega	te Marks		% age in Subject	Duration	Name of
(write complete name of Course)	of Passing	Max Marks	Marks Obtained	% Marks	Applied Subjects Studied	of Course (in months)	Board/ University

(a)	Typing Speed	English:	W.P.M	Hindi:	_W.P.M
(b)	Shorthand Speed	English:	_ W.P.M	Hindi:	_ W.P.M
(c)	Computer Proficiency				
(d)	Knowledge of Computer Programme				

10. Technical Qualification (Please specify – Applicable for LDC Post)

11. Experience (Attach separate sheet, if columns are insufficient)

Post Held	Name of Institution/	Whether Central Govt. /		od of vice	No. of years & months	Nature of Duties	Scale of pay and salary per
	Deptt/ Ministry	State Govt. / Autonomous Body/ Public Sector/ Private (if applicable)	From	То			month (Rs.)
(a)							
(b)							
(c)							

12. Interests/ Hobbies or expertise in any other fields:-

DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby certify and declare that:-

- (a) I am an Indian National.
- (b) I have read the provisions given in the Advertisement.

(c) All statements made and information given by me in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect before or after the exam./interview or appointment, action can be taken against me by the Sainik School Gopalganj and my candidature/appointment shall automatically stand cancelled/terminated.

(d) I further declare that I fulfill all the conditions of eligibility regarding age, educational, professional/technical qualifications, etc. prescribed for the post applied for. The essential qualifications prescribed are possessed by me, the proof of which has been enclosed with this application form.

(e) In case my application is not received by Sainik School Gopalganj within the stipulated date due to postal delay or otherwise, School will not be responsible for such delay.

(f) I will not lay any claim for refund of non-refundable application fee from Sainik School Gopalganj under any circumstances.

FOR USE OF THE FORWARDING OFFICE

Name of the Office	
Date and address	
PIN Code	
It is certified that the applicant Mr/Mrs/Miss	is working as
in this Institution/ Organization, which is a Gov	ernment/ Semi
Government/ State Government / Govt recognized/ Autonomous / Aided /	Private since
and that entries made by the applicant have been checked and v	rerified from the
service records.	
No disciplinary action is pending/ contemplated against him/her at the time o	of submission of
this application.	
Place	
Date Signature	
Name	
Designation	
Seal	
