# **APPLICATION FORM**



# SAINIK SCHOOL GOPALGANJ

PO - HATHWA, DISTT - GOPALGANJ BIHAR - 841436

Website: www.sssopgalgnaj.in

Please affix your recent Photograph

Without Attestation

(ii)			entrie f Birth								•				(	enc	der					jory		Jai	ndida	
Da		Mont			Age as On 01 Apr  Day Month					Ye			Ma				mal	<u> </u>	-	ulog	, O. y					
						,																				
plica	atior	n for t	he po	st A	hppli	ed																				
ndid	ate'	s Nar	ne (in	can	ital	lette	rs)	(ple	ase	kee	en o	ne l	юх	bla	nk b	etw	een	naı	ne.	mid	ldle	nar	ne &	k su	rna	m
		T	(	T.							) 								, 			T				 
																										L
nd			Fat	her					1						1											T
b cat	tego	ry (p	lease	maı	'k ()	tick	in t	he a	appr	opr	iate	bo	<b>(</b> )													
				Sul	b Ca	teac	orv-	1					If	Ph۱	/sica	allv				Sı	ıb C	ate	aor	/-II		_
			(Ph		ally				)				C Pl	Challenged, (Please mark (√) tick) Please indicate												
	hys lumr		challe	nge	d, m	ark t	the appropriated				G	whether Guide/Scribe is required at the			Sainik School		ļ	Govt. Regular			Women					
	suall aller	y nged	Hear Chal	_	•										gular nployee		S	Service								
		goa   G.ianoligoa   G.ianopaacoani)		(Write:Yes/No)																						
	Sub Category-III															l										
	Ex-Serviceman (To be filled only if himself/herself is E						date																			
1 (12)	(√)tick) Servicem																									
١.		Self Dependent		Η,	Joini	ng Retiren Date					Tota Serv															
(√)	lf	Depe	ilaoile		date		Dδ	110																		
(√)	lf	Depe			date		Da	110																		
(√) Se				(		naid																				
(√) Se tails		ee D	eman	(	aft p	paid	:-		of E		k	R	ranc	·h /	Addr	, DE E		Bran	ch	Cod	la la		Α	moı	ınt	

SBI

of the Demand Draft)

(Candidates should write Name, Post, and Mailing Address in capital letters, on the reverse side

6.	Candid	late's Addre	ess (in capital letters	s)			
	(a)	Name					
	(b)	Name of F	ather/Husband				_
	(c)	Address_					_
							_
	City			State			_
	Pin Co	de					
7.	(a) Cor	ntact No. wi	th STD Code		_ Mobile No		
	(b) E-m	nail ID					
8. (Please			cation (Starting fr s applicable. Attacl		columns are ins	sufficient.)	
ame of	Exam	Year	Aggregate Mar	·ks	Subjects	Duration of	Name of

Name of Exam	Year	Aggrega	ate Marks		Subjects	Duration of	Name of
(write complete	of	Max	Marks	% Marks	Studied	Course	Board/
name of	Passing	Marks	Obtained			(in months)	University
Class/Course							
passed)							
Matriculation							
(Class X)							
Senior							
Secondary							
(Class – XII)							
Graduation							
/Diploma							
(Name of course)							
Post Graduation							
(Name of course)							
Other if any, (Specify)							
	1	1		1	1	I	1

## 9. Professional Qualification

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

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

(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				

#### 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	
Datea	and address
PIN Code	
It is certified that the applic	ant Mr/Mrs/Miss is working as
in th	is Institution/ Organization, which is a Government/ Semi
Government/ State Governme	nt / Govt recognized/ Autonomous / Aided / Private since
and that entries n	nade by the applicant have been checked and verified from the
service records.	
No disciplinary action is pen	ding/ contemplated against him/her at the time of submission of
this application.	
Place	
Date	Signature
	Name
	Designation
Seal	

\*\*\*\*\*