APPLICATION FORM FOR THE POST OF LABORATORY ASSISTANT (PHYSICS)

(Application Form may be downloaded from Website: www.sssopgalgnaj.in)



SAINIK SCHOOL GOPALGANJ PO - HATHWA, DISTT - GOPALGANJ

BIHAR – 841436

Note: (i)

Before filling up this form, read the instructions very carefully. (ii) All entries should be made in capital letters

	Date of	Birth	Age as On	01.11.2	017	Gender	Category
Day	Month	Year	Day	Month	Year	Male/ Female	

1. Application for the post Applied

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

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

Husband

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

			ub Ca sically		ry-l lenged)		If Physically Challenged, Please indicate whether	Sub (Pleas	Category e mark (√)	/-II tick)
lf phy colun		challeng	ged, m	ark tl	he appropriate	ed	Guide/Scribe is required at the	Sainik School	Govt. Regular	Women
Visua challe	ally enged	Hearin Challer	0	Locomotor / d Orthopadecally Challenged			Examination Centre (Write:Yes/No)	Regular Employee	Service	
		Sı	ub Cat	ego	ry-III					
(Plea	Ex-Serviceman (Please mark (\sqrt) tick)(To be filled only if candidate himself/herself is Ex- Serviceman)									
Self	Dependent Joining date 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 show of the Demand D		me, Post, and Maili	ng Address in capi	tal letters, on the rev	erse side

6.	Candidate's Address (in capital letter	rs)		[]
	(a) Name			Please affix your recent
	(b) Name of Father/Husband			Photograph
	(c) Address			<u>Without</u> <u>Attestation</u>
	City	State		
	Pin Code			
7. (a) Contact No. with STD Code		Mobile No.	Signature of Candidate ↑
(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) Matriculation	of Passing	Max Marks	Marks Obtained	% Marks	Studied	Course (in months)	Board/ University
(Class X) Senior Secondary (Class – XII)							
Graduation /Diploma (Name of course) Post Graduation (Name of course)							
Other if any, (Specify)							

9. Professional/Technical Qualification

Name of Exam	Year	Aggrega	ate 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

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)							

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

.11. 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) 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.

Please affix on
recent passport
size photograph
with attestation

Place: _____

Date:

Signature of candidate

FOR USE OF THE FORWARDING OFFICE

Name of the Office		
Date	and address	
Pin Code		
It is certified that the ap	oplicant Mr/Mrs/Miss	is working as
	in this Institution/ Organisa	ation, which is a Government/ Semi
Government/ State Go	vernment / Govt recognised/	Autonomous / Aided / Private since
and that	entries made by the applicar	nt have been checked and verified from the
service records.		
No disciplinary acti	on is pending/ contemplated	against him/her at the time of submission of
this application.		
Place	_	
Date		Signature
		Name
		Designation
Seal		-
