	For Office use only										
	Checked by			Ve	rified by		Eligible (Y/N)		•••		
	Reason	of rejection	•••••	•••••	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •					
				ME CONTI			C,JABA				
Importa	nt notes:	<ol> <li>All entrice</li> <li>One form</li> <li>Enclose a</li> </ol>	n should be	used for	one post.		h form. (If aj	oplied for n	nore than on		
1. POST APPLIED FOR  (Please indicate whether PGT/TGT/PRT/ Computer Instructor/ Sports Coach/Yoga Coach/Self Defence Coach/ Music/ Dance/Special Educator /Counsellor /Doctor and Nurse in the box)						C <b>T APPI</b> of PGT/TC	CIED FOR GT)				
2. Candid	late's Na	me (in capita	al letters) (Ple	ase keep one b	ox blank betw	een First name	e, Middle name & L	ast name)			
3. Father	's /Husba	and's Name	(in capital let	ters)	Fatl	ner	$\sqrt{}$	Husband			
(Please keep	one box blan	k between First na	ne, middle name &	& Last name)							
4. Date of	Birth:						<b>5. Gender</b> (Please Tick	I IVI I	F		
		DAY	MONTH	I	YEAI	2	( Γ	,			
<b>6. Age</b> as	on 31.03.	2024	Year	Mon	th	Days					
7. Candid	ate Add	ress (in capit	als letters)					Please affix			
Name	:							Photograph attestation	without		
Father/Husba	and's							<u>attestation</u>			
Address F	: Address PIN										
City/Town	:						}				
Ph/Mobile No	). :										
Email id	:										
	_	ification (Sta	•	-		of Mark o	Sheets and Cer	ignature of	Candidate <sup>†</sup>		
Name of Exam		Write name	Year of		REGATE MA		Subjects	Duration	Board/		
(with complete course passed)		of Examination passed	passing	Max. Marks	Marks obtained	%age of marks	/Specialization	of course (in months)	University		
High School (	Class X)										
Intermediate (	Class XII)										
Graduation (Name of Cou	irse)										
Post Graduati (Name of Cou											
Others if any (Specify)											

(Specify)

Name of Examination (with complete name of course passed) JBT/B.E.ED/		Write name		Year of	AGGREGRATE MARKS			Subjects	Duration	Bo	ard/
		of Exam passe	ination d	passing	Max. Marks	Marks obtained	%age of marks	/Specialization	of course (in months)	Un	University
specify)											
Ť	Гћеогу										
3.ED ⊢	Practical										
BE/B.Te											
MBBS Degree/I n Nursir	Diploma										
Other if											
(specify)											
40 =					_						
10. Exp Post				te sheet, if of service	No. of	are insuff	Class	Cubicata to	uaht	Cool	o of nov
held		Name of Institution		1	completed		taught	Subjects taught		Scale of pay and salary	
		unon	I From	To	years & months		tuugiit			per month	
									_		
					1			+			
11 Are	vou able	to tea	ch thro	ngh Englisl	n and Hir	ndi hoth?					
11. Are you able to teach through English (Please mark ( $$ ) tick in the appropria				· · · · · · · · · · · · · · · · · · ·		ng posts	YES		NO		
( ), )				ŕ		01					
12. Do you have knowledge of			f computer application? e appropriate box) For teachii			YES		NO			
(Ple	ase mark	k (√) tı	ck in th	e appropria	ate box) I	for teachi	ng posts				
				HIMI	DERTAI	(ING					
I hereh	v certify	that a	ll the in				and cor	rect to the bes	t of my k	nowl	edoe I
				,	_			tries made ab	•		_
mere e	ligibility	does	not con	fer right to	be call	ed for int	terview/s	election. My			
cancell	ed in case	e any i	nforma	tion is foun	d to be in	correct o	n verifica	ition.			
Place_											
Date			-								
~	.4. 4.37					Sign	ature			_	
Co	ontact No	•									

Name\_\_\_\_