ard or	Name of Board or University	Name and Place of School / College	Name Scho	Class / Division	Marks (%) Obtained	Name of Degree / Certificate	
	etc)*:-	B.Ed., Dip in Lib Sc, etc)*:-	z. B.Ed	fication (Vi	requisite Professional Qualification (Viz.	Details of requisite Prof	9.
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				ilian) * :	IAF / CG / Civ	Category (Navy / Army/ IAF / CG / Civilian) *	7.
					le Nos :	(c) Office Address & Tele Nos :	
						(b) Occupation :	
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					S	Full Name: Mr./Mrs./Miss	-
	ot applicable)	FOR THE POST OF [Please fill in the Application in English and Block letter. Strike which ever is not applicable)	c letter. St	sh and Block	DST OF	FOR THE POST OF (Please fill in the Application	P
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 se Note:- To be filled Incomplete Attach attes Attach shee Submit the Port Blair, / 	Enclosures:-		e	b) I fully incorrect, ap	Declaration a) All the correct to th	SI. No.	Give two ref		Employer : _	Whether prea	Name of the Activity	Details of Spo		Name & Addre	Details of Req
 Please Note:- To be filled in by the Applicant in own handwriting. Incomplete Application will be rejected. Attach attested photocopies (on A4 size paper) of requisite testimonials. Attach sheet (A4 size) to furnish additional information, if any. Submit the application, complete in all respect, at the school office at Minnie Bay, Port Blair, A & N Islands : 744103 (C) 03192 - 248781 	<u>ר מ מ א ת</u>			b) I fully understand that in the event of any of the above statements / information found false or incorrect, appropriate action(s) can be taken against me.	<u>Declaration</u> : I hereby solemnly declare that:- a) All the statements made and information provided in the above Application are true and correct to the best of my knowledge and belief.	Name	Give two references other than Relatives:-			Whether presently employed? (Yes / No)		Details of Sports / Extra / Co – curricular Activities:-		Name & Address of the school/ Institute	Details of Requisite Teaching / Administrative Experience *: -
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ndwriting. paper) of requisite te al information, if any spect , at the school 03192 - 248781		and Name:	Applicant's	of the above a ainst me.	provided in the	Local Address with Pin Code		Employer's NOC Attached (Yes / No):		If ye	hievement	ů,		Designation or appointment	oerience *: -
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