SAINIK SCHOOL KORUKONDA

APPLICATION FOR THE POST OF

(FILL IN CAPITAL LETTERS ONLY)

(Strike out whichever is not applicable)

1.	Name :
2.	Father's/ Husband's Name :
3.	Permanent Address:
4.	Correspondence Address:
5.	Category : ST/ SC/OBC /GEN
6.	Contact No (a) Mobile No:(b). E-Mail:
7.	(a) Date of birth : Date Month Year
	(b) Age as on 01 Mar 2021: Year Months Days
8.	Marital Status : Married / Single
9.	Employment No:
10.	Qualifications:
	Subject Studied Month Name

Class	Medium of	Subject Studied		Month & year of	Name of		%ge in	Division
Class	Instruction	Main	Ancillary	Completi- on	School/ College	University	Main Subject	Division

	Name of				columns are insufficient Period			Day /		Tem		Salary Drawn	
Sl No	the Institution and address	Appo		Class Faught	From	То	Total Period		sidential P		oc/ n-	(all incl Per month	
1													
2													
3													
4													
2.	Proficiency in	n Comp	outer:										
3. Sl	Proficiency in Gard Games / Co-curricular		nes / Co-curricular activities Level Played								Remarks		
No			School/Zonal		College		University		State				
			Region	nal ————									
4.	Hobbies:												
5.	Details of In-			O	` ',	:							
6.	NCC: (a) (b)			btained: A ided:									
7.	Application f	ee: (De	emand l	Draft only	in favo	ar of	'Principal	, Sainil	x Schoo	ol Ko	ruko	nda, Payab	
	Torukonda, Bra ete Mailing add										ect a	pplied for	
1	DD No.							5.					
DD				Drav	vn on								
DD Date		tails:											
DD	2	tails:											
DD Date	2	tails:			<u>CERTII</u>							<u></u>	

Place: (Signature of Applicant)
Date: