

The Society Of Swami Atmanand Govt. English Medium School, District- Raigarh (C.G.)

Fax No./Tel.No.:- 07762-222718

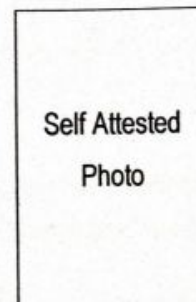
Email ID:- deo123.raigarh@gmail.com

Contractual Recruitment - Application Form

1. Application for the Post of : _____
2. Name of the Applicant : _____
3. Father's/Mother's/Husband's name : _____
4. Sex (Male/Female/Other) : _____
5. Date of Birth : Age As on 01-01-2021 : Year ____ Month (s) ____ Day (s)
6. Catrgory (Gen/OBC/OBC(NC)/SC/ST) : _____
7. Postal Address (Present) : _____

8. Postal Address (Permanent) : _____

9. Mobile Number : _____
10. Email Id : _____
11. Educational Qualification : _____



Details"

| S. No. | Higher Secondary/graduation/ Post-Graduation/B.Ed/D.Ed/ D.El.Ed/TET | Subject | Board/University Name | Passing year | Marks Obtained | Maximum Marks | Percentage (%) | Division |
|--------|---|---------|--------------------------|-----------------|-------------------|------------------|-------------------|----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |

12. Domicile of Chhattishgarh state : - (Yes/No)
13. Valid Employment Registration No. : _____
14. Valid Employment Registration date : _____
- Self attested Photo Copy attached : _____
15. List of attached documents (photo copies) :

Note:- Self attested Photo copies of all educational certificates, caste certificates, domicile cetificates, Live Employment Registration Certificates, DOB certificates (High school certificates) and other relevant certificates should be attached along with this application.

Total number of certificates in page along with application form : _____

Self- Declaration

I _____ Son/Daughter of Shri _____ age _____ year,
 resident of _____ in the District _____ Chhattishgarh, do hereby declare
 that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing
 has been concealed therein, I am well aware of the fact that if the information given by me proved false/not true at any point
 of time, I will have to face punishment as per any provision of law for the time being in force as well as the benefit accrued to
 me or my candidature shall be summarily cancelled.

Date : _____

Place : _____

Signature of Applicant

(Applicates Full name)