



अटल आवासीय विद्यालय



CANDIDATE APPLICATION FORM

1. POSITION APPLIED FOR

ADMINISTRATIVE OFFICER <input type="checkbox"/>	TEACHER – PGT (MATHS) <input type="checkbox"/>	TEACHERS- TGT 1. MUSIC <input type="checkbox"/> 2. P.E.T (Female) <input type="checkbox"/>
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Please paste your recent passport size photograph

2. LOCATION – Uttar Pradesh

2.1 FORM SUBMISSION DATE -

3. PERSONAL INFORMATION

FULL NAME	
FATHER'S / HUSBAND'S NAME <input type="text"/> <input type="text"/>	
RETIREMENT DETAILS RETIRED FROM:- 1. JNV <input type="text"/> 2. KVS <input type="text"/> 3. SAINIK SCHOOL <input type="text"/> 4. MADHYAMIK SHIKSHA <input type="text"/> 5. ARMY <input type="text"/> 6. AIRFORCE <input type="text"/> 7. NAVY <input type="text"/>	Place: Year: (Note: Please attach the retirement letter with the form.)



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PERMANENT ADDRESS	House Number (if applicable): Street Name/Number (if applicable) Village / Town Name: Post Office: Tehsil/Taluk: District: Postal Code/ZIP Code:	
CURRENT ADDRESS (If it is the same as above, please tick below.) <input type="checkbox"/> Same as above	House Number (if applicable): Street Name/Number (if applicable) Village / Town Name: Post Office: Tehsil: District: Postal Code:	
CONTACT DETAILS	Primary: Secondary:	
EMAIL ID		
DATE OF BIRTH		
GENDER	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
MARITAL STATUS	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>



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5. LANGUAGE SKILLS (Please indicate your proficiency in each language by ticking the appropriate columns.)

LANGUAGES	CAN READ	CAN WRITE	CAN SPEAK
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. PROFESSIONAL TRAINING ATTENDED IN CAREER

S.N	TRAINING PURPOSE	ORGANIZATION	OUTCOME
1.			
2.			
3.			
4.			
5.			

7. ACHIEVEMENTS IN PROFESSIONAL CAREER

S.N	ACHIEVEMENT TYPE	GIVEN BY (CONFERRED BY)	PURPOSE OF CONFERRING



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8. WORK EXPERIENCE (starting with the most recent

employer) Total Experience (in years) -----

S.N	ORGANISATION NAME	LOCATION	DESIGNATION	JOINING DATE (DD/MM/YY)	RESIGNING DATE (DD/MM/YY)	REASONS FOR LEAVING
1						
2						
3						
4.						
5.						



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9. HEALTH AND LEGAL INFORMATION

a) Do you have any physical ailment? Yes / No

If yes, please provide details:

b) Have you ever been convicted? Yes / No

If yes, please provide details:

Notes:

9.1. The candidate must agree to work at the specified location.

All information provided is complete and accurate to the best of my knowledge. If found suitable for employment by Atal Awasiya Vidyalaya Samiti, I understand that any deliberate misrepresentation or falsification of information on this form can be considered grounds for dismissal.

Candidate Signature :-

Place :-

Name :-

Date :-