SAINIK SCHOOL CHHINGCHHIP (MIZORAM)

APPLICATION FOR THE POST OF

						Rece Passpor	
(To be filled in Capital Letters only) Name of post applied for					photog	·	
					without heads		
Ū	Category (i.e. Gen/SC/ST/OBC)						
Fee a	mount	DD No	Name of	Bank			
1.	Name Mr. /Mrs /	Miss					
2.		Husband's name					
3.		figures) [
	•)	
4.	Complete addre	ess with telephone	rsMonths. number (s)				
Distt							
Conta	ct No	E.mail	ID				
Altern	ate Contact No _						
5.	Place of birth		6. Nationa	ality			
7.	Marital status		if married, nar	me of the s	pouse		
8.	Number of childr	œn					
9.	If Spouse emplo	yed, nature of dut	ies/post and details	of Employe	r		
10.	10. Academic Qualification (class 10 th onwards) (enclose CTC copies)						
<u>S.</u> <u>No.</u>	Qualification	<u>Discipline/</u> <u>subjects</u>	Name of School/ College/University	Year of Passing	% of marks	Division	
						Cont'd2	P/-

<u>S.</u> <u>No.</u>	Qualification	<u>Discipline/</u> subjects	Name of School/ College/University	Year of Passing	% of marks	Division

Professional Qualification (enclose CTC copies) 11.

S. No.	Qualification	<u>Discipline/</u> <u>Subjects</u>	Name of School college	Year of Passing	% of marks

Proficiency in Languages (write mother tongue at Sr. No. 1) 12.

<u>S. No.</u>	<u>Language</u>	Read	<u>Write</u>	<u>Speak</u>
1				
2				
3				

13.	Hobbies/	Other	Area	of	<u>Interest</u>
					<u> </u>

(a)	

/I- \	
(a)	

Cont'd...3/-

15. Proficiency in Sports (Attach certificate, if

S.No.	Name of Sports	Level of participation School/College/University/ State/National	Period

16. <u>Details of Work Experience</u>: (Attach testimonials. if any)

S.No	Name of Institution	From	<u>To</u>	Total Exp in Years/Months	Positions held	Nature of Work

I hereby confirm that the information provided by me as above is true to the best of my knowledge and belief. If any information is found to be false / incorrect, it will disqualify me for employment in Sainik School Chhingchhip.



Date :	 Signature of the candidate