ARMY PUBLIC SCHOOL, PATIALA APPLICATION FORM FOR THE POST OF BALVATIKA TEACHER (ADHOC BASIS) **SESSION 2024-25**

| 1. POST APPLIED FOR (TICE | (v) FOR APPLIED POST) | | | |
|--|----------------------------|-----------------------------|---------------------------------|---|
| BALVATIKA | TEACHER | 0 | | |
| 2. Candidate's Name (in cap | ital letters) (Please keep | one box blank between First | name, Middle | name & Last name) |
| | | | | |
| Father's /Husband's Nam 3. (Please keep one box blank between Last name) | | § Father | | Husband |
| | | | | |
| 4. Date of Birth | | | , Gender Please Tick) | M F |
| 6. Age as on Year 31.03.2023 | Month | Days | | |
| 7. Candidate Address (in ca | pitals letters) | , | | |
| Name | : | • | | |
| Father's / Husband Name Address City/ Town | ; : | | | Please affix one recent Photograph without |
| Mudicos City/ 10WII | - | | | attestation |
| | | | | |
| Mobile No. | : | | | |
| Email Id | : | | | |

Signature of Candidate

8. ACEDMIC QUALIFICATION:

(Please give information as applicable. (Attach attested copies of Mark sheets and Certificates)

| Please give informa | ation as a | philicanic | REGATE MA | RKS | 1 | | |
|---|--------------------|--------------|-------------------|---------------|------------------------------|-----------------------------|-----------------------|
| Name of | | AGG | REGATE WA | T | | Duration | |
| Examination (with complete name of course | Year of Passing | Max Marks | Marks Obtained | % of Marks | Subjects / Specialization | of course (in months) | Board/ University) |
| passed) High School (Class | | | | | | | |
| Algh School (Class | | | | | | | |
| Intermediate | | | | | | | |
| (Class XII) | | | | <u> </u> | | | |
| Graduation (Name | | | | | | | |
| of Course) | | | | | | | |
| Others if any | , | | | | | | |
| (Specify) | | | | | | | |

| 9. | Professional Qualification | (Attach attested co | pies of Mark sheets ar | nd Certificates) |
|----|-----------------------------------|---------------------|------------------------|------------------|
|----|-----------------------------------|---------------------|------------------------|------------------|

| Name of Examination | | 3 | AGG | REGATE MA | RKS | | Duration | | Board/ |
|--|-----------|--------------------|--------------|-------------------|---------------|----------------------------|-----------------------------|---|-------------|
| (with comple of course passed | te name | Year of Passing | Max Marks | Marks Obtained | % of Marks | Subjects / Specializati on | of course (in months) | | University) |
| | Theory | . " | | | | | | | |
| B.Ed (Nursary) | Practical | | | | | | | | |
| DIPLOMA IN I PRE-SCHOOL EDUCATION/ | | | | | | , | | | |
| Other if any (specify) | | | | | 1 | | | ; | |

10. Experience (Attach separate sheet, if columns are insufficient)

| | Name of | Period of service | | Name of completed | Class | Subject | Scale of pay and |
|-----------|-----------|-------------------|----|-------------------|--------|---------|---------------------|
| Post hold | Institute | From | То | years & months | taught | taught | salary per month |
| | | | | | | | |
| - | | | | g g | | | |

| | Are you able to teach through English and Hindi, both? | |
|-----|--|--|
| 11. | (Please mark (v) tick in the appropriate box) For teaching posts | |

| Yes | NO | |
|-----|----|--|

Do you have knowledge of computer application? 12. (Please mark (v) tick in the appropriate box) For teaching posts

| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | NO | |
|---------------------------------------|----|---|
| Yes | NO | _ |

Why do you prefer to work in this organization? Write about it in 50 words:

| | | |
|--|------|------|
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| <u>. </u> | | |

UNDERTAKING

I hereby certify that all the information given above is true and correct to the best of my knowledge. I have attached attested copies of my testimonials in support of the entries made above. I also agree that mere eligibility does not confer right to be called for interview/selection. My candidature may be cancelled in case any information is found to be incorrect on verification.

| Place | · | |
|-------------|-----------|--|
| | Signature | |
| Date | | |
| Contact-No. | Name | |
| | · · | |