BIO-DATA

1. Name (Block Le	etter):					
2. Post applied for	(PGT/TGT/PRT):					
3. Father/Husband	's Name:					
4. Marital Status (Married/Unmarried):					ent P.P. Photog	
If married (a) Number of children:					Applicar	_
	(b) Age of youngest cl	hild & Sex:				
5. Date of Birth:	6.	Category (Gen./SC/S7	Г/ОВС):			
7. Religion:	8.	Nationality:				
9. Permanent Addr	ess:					
10. Address for Co Phone/Mobile N 11. Aadhar No. : 12. Details of Educ	No.:cational Qualification:	E	-mail:mail:			otocopy)
Examination	Institution	Board/University	Subjects	Year	%	Medium
1. High School						
2. Intermediate						
3. B.A./B.Sc./						
i e	1	1	ı			i

Institution	Board/University	Subjects	Year	%	Medium
	Institution	Institution Board/University	Institution Board/University Subjects	Institution Board/University Subjects Year	Institution Board/University Subjects Year %

(Enclose certified photocopy of all documents)

13. Experience, If any

Name of Institution	Position	Nature of Work	Class/Subject	Year
			(in case of teacher)	

(Enclose photocopy of experience certificate)

OTHER INFORMATION

14. Extra-Curricular Ac	ctivities	
(i) Music/Dance:		
(ii) Games/Sports:		
(iii) Drawing/Painti	ing/Craft:	
(iv) Hobbies:		
(v) Any other:		
, , , , ,	•	
(b) rippiied for other	or employment, if any	
16.	<u>RECOMME</u>	NDATIONS
	(From two reputed personali	ities other than your relatives)
(i) I recommend Mr./M	lrs./Miss	for the post applied whom
I know personally si	ince	He/She bears a high moral character and can
perform his/her duti	es sincerely, effectively, efficiently	and honestly.
Name:		
Address:		
Ph. No.:		Signature:
(ii) I recommend Mr./N	Ars./Miss	for the post applied whom
		He/She bears a high moral character and can
	es sincerely, effectively, efficiently	· ·
•		·
Address:		
		<u> </u>
	DECLA	RATION
(i). I, hereby, declare th	nat the above particulars, given by n	ne, are true and correct to the best of my knowledge and
belief.		
(ii) I will have no object	ction if verification and references a	are sought about my past employment from the concerned
employer or employ	yers	
Date:		
Place:		(Signature of applicant)
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