

SAINIK SCHOOL, AMARAVATHINAGAR 642 102, UDUMALPET TALUK
TIRUPPUR DISTRICT, TAMILNADU

APPLICATION FORMAT

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01. Post applied : For the post of

02. Name :

03. Date of Birth & Age : DOB _____ Age
_____ yrs

04. Sex :

05. Name of the father :

06. Marital Status :

07. Nationality :

08. Caste Category :

09. Qualification (Fill up columns as applicable)

| Sr. No. | Qualification | Subjects | Institution/Board/University | Year of Passing | Division and % |
|---------|---|----------|------------------------------|-----------------|----------------|
| (a) | SSLC/Class X | | | | |
| (b) | Intermediate | | | | |
| (c) | Graduate | | | | |
| (d) | Post Graduate | | | | |
| (e) | Any other | | | | |
| | Technical Qualification (including Extracurricular activities if any) | | | | |
| (f) | | | | | |
| (g) | | | | | |
| (h) | | | | | |
| (i) | | | | | |

10. Experience :

| Sr. No. | Designation | Name of Institution/Organization | Brief Experience/Duties performed | Period From | Period To |
|---------|-------------|----------------------------------|-----------------------------------|-------------|-----------|
| (a) | | | | | |
| (b) | | | | | |
| (c) | | | | | |
| (d) | | | | | |

11. Details of Defence Service (if Ex-servicemen)_____

12. Languages known :

13. Correspondence Address :

14. Permanent Address :

15. Mobile No.

16. Email ID

17. Details of Application Fee: Name of the Bank_____

DD No._____

Date:_____

18. **Declaration**

(a) I hereby declare that information furnished above is true to the best of my knowledge.

(b) I hereby submit copies of certificates (Qualification, experience, ID Proof and Caste in case of OBC/SC/ST, Copy of Discharge certificate (if Ex-servicemen)).

(c) I am fully aware that if it comes to notice at any time during verification of certificates and during my service that false information has been furnished or that there has been suppression of actual information in the application form, my candidature would be liable to be terminated solely on this ground.

Place: _____

(Signature of the candidate)

Date: _____