

SWAMI SIVANANDA MEMORIAL SECONDARY SCHOOL,  
(Recognized & Aided by Dte. of Edn., Govt. of N.C.T. Delhi)  
PUNJABI BAGH, NEW DELHI – 110026  
**PERFORMA OF APPLICATION**

POST APPLIED FOR : \_\_\_\_\_

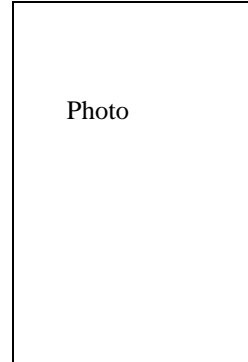
1. Name (in Block Letters): \_\_\_\_\_

2. Date of Birth (in figures) : \_\_\_\_\_

(in words) : \_\_\_\_\_

3. Age ( As on 20-01-2017 ) :      Years      \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

4. Father/Husband's Name : \_\_\_\_\_



**5. Educational/Vocational/Professional Qualifications:**

Examination Passed	Board / University	Subject	Marks Obtained/ Maximum Marks	Year of Passing	Division %
10 <sup>th</sup> /Matric					
10+2/Sr.Sec.					
B.A/B.Com./ B.Sc./B.P. Ed.					
M.A./M.Com./ M.Sc/M.P.Ed.					
B.Ed.					
M.Ed.					
Diploma in Lib. Sc./B.Lib.					
M.Lib					
Computer Course					
Other Qualifications: i.  ii.  iii.					

6. Work Experience (if any) :-

Post held	Name & Address of School/ Organization	Pay Scale	Period from ..to.....Total Experience Years/Months)

7. Nationality : \_\_\_\_\_ 8. Religion: \_\_\_\_\_

9. Caste (SC/ST/OBC) \_\_\_\_\_ Caste Certificate No. \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_

10. Person With Disability: Type(VH/HH/OH): \_\_\_\_\_ Percentage of Disability: \_\_\_\_\_

Certificate No. \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

11. CTET(VI to VIII) Passed : Yes/No If passed, Percentage \_\_\_\_\_ Roll No. \_\_\_\_\_

Year of Passing: \_\_\_\_\_

12. Employment Exchange Registration No. (if any): \_\_\_\_\_

13. Permanent Address: \_\_\_\_\_

\_\_\_\_\_ Mob. \_\_\_\_\_

Postal Address : \_\_\_\_\_

\_\_\_\_\_

Email ID(If any) \_\_\_\_\_

I hereby solely declare that the above mentioned information is true to best of my knowledge and belief. If at any time, the above information is found false, I am liable for any action deemed fit.

(Signature of Candidate)

Name: \_\_\_\_\_

Date : \_\_\_\_\_

Place : \_\_\_\_\_