10/

Jharkhand Education Project Council

APPLICATION FORM

(For Selection in Residential KGBV Schools under Samgra Shiksha)

	Post Applied for: Fulltime Math/Sc								teacl	her/		Recent Passport Size Photo	
F	Physical Teacher/												
2. N	Operator) Name of the Distri	ict fo	r wh	ich a	appli	catio	n has	s bee	n su	bmitte	ed		
	Name of Applican												
	a) (देवनागरी लिपि	में):											
	b) (in English,	Bloc	k let	ters)	:. <i></i>								
4. 1	Name of Father/H	usbai	nd:										
5. I	Date of Birth:		•		;		Ĭ	1					
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	Contact No:												

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I affirm that the information given in the application are true, Complete and correct to the best of my knowledge and brief. In the event of any information being found false or incorrect at any point of time, my candidature/selection may be cancelled/terminated without any notice.

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Date	
Dan	1.

Place:

(Signature of Applicant)