1.	Name of Candidate:					
2.	Father's /Mother's/Husband's Name:					
3.	Date of Birth:			Gender:		
4.	Age as on 01/08/2023:	Y	YearsMonths		ths	
5.	Address for Correspond	lence:				
6.	Mobile No		Email id:			
7.	Applied under Deputati	on Criteria : `	YES / NO			
	a. If YES, currently working at					
	b. Designation:					
	c. Subject Teaching:					
	d. Classes teaching	g:				
8.	Educational Qualificati	ons				
Sr. No.	Examination Passed	Subject		Board/ University	Year of Passing	% of Mark obtained
9.	Experience :					
10	10. Details of Knowledge of Computer, if any:					
11	Tanguages Known:					
	11. Languages Known:					
12	2. Any other relevant h	normation				
Certif	fied that the information f	urnished abov	ve ae true to	the best of my	knowledge and b	elief.
Date:	 :					