AIR FORCE SCHOOL BAGDOGRA

APPLICATION PROFORMA FOR THE STAFF

(TO BE FILLED IN THE CANDIDATE'S OWN HANDWRITING NEATLY INK)

1	NAME IN FU	ILL (IN BLOCK LETT	ERS) :								
2	PERMANEN	PASTE YOUR									
					-25	RECENT PA	SSPORT				
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3	GUARDIAN'S	S NAME AND POSTA	AL ADDRESS :								
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1	7 EDUCATIONAL QUALIFICATION :										
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	EXAM PASSED	YEAR OF PASSING	BORAD/ UNIVERSITY	SUBJECT	PERCENTAGE	DIVISION					
	TAGGED										
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8	TEACHING/	ADMINISTRATIVE EX	XPERIENCE :								
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	7	NSTITUTION AND	PERIOD OF	SUBJEC	CT AND CLASSES	<u>TO1</u>	7/0				
	_	US FOLLOWING SE ANY OTHER)	SERVICE OF	3	TAUGHT	EXPER	<u>IENCE</u>				
	(CB3E/IC	SE ANT OTHER)									
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9 MARITAL STATUS : (MARRIED / UNMARRIED) :

1	<u>MEDIUM</u>	READ	WRITE	SPEAK						
- 1	ENGLISH									
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-				(A)						
12	EXPERIENCE IN GA	MES / SPOF	RTS :							
	ORGANISTION CAP									
14	HOBBIES :									
15	WHETHER PROSEC	UTED BY A	COURT OF	LAW / PU						
	DISCIPLINARY ACTI	ON DURING	EARLIER S	SERVICE, S						
8	<u>-</u>									
16	NOC' FROM PREVIO	US EMPL, I	F ANY :							
17	NATIONALITY :									
18	NAME OF RESPONSIBLE PERSONS OF YOUR LOCALITY / REFERENCE TO WHOM YOU ARE									
	KNOWN (FOR CIVILIAN APPLICATIONS ONLY)									
	(a)									
	(b)									
	S-0-36,76									
19	IF RELATED TO SER	VICEMAN,	DATE OF PO	OSTING IN						
	IF RELATED TO SER	20 0000								
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20	I CERTIFY THAT THI MY KNOWLEDGE A I PROMISE TO SERV	E ABOVE IN ND BELIEF. 'E AT LEAS	FORMATION	FULL ACA SCHOOLS SIGNATU DATE:_						
20	I CERTIFY THAT THI MY KNOWLEDGE A I PROMISE TO SERV	E ABOVE IN ND BELIEF. 'E AT LEAS	FORMATION	FULL ACA SCHOOLS SIGNATU DATE: PLACE:_						
20	I CERTIFY THAT THI MY KNOWLEDGE A I PROMISE TO SERV	E ABOVE IN ND BELIEF. 'E AT LEAS	FORMATION	FULL ACA SCHOOLS SIGNATU DATE:_						

NOTICE

The School Management Committee (SMC) reserve the right of cancelling the selection process at any stage even after the advertisement without any notice or assigning any reason.

School E-mail ID: princiafbgd@rediffmail.com

10 PREVIOUS SALARY DRAWN:

11 ABILITY TO TEACH THROUGH THE MEDIUM OF :