



## TEACHER APPLICATION NO:

Post Applied For

Date

Enrollment No :

Blood Group :

Aadhaar No :

Gender :

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Male

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Female

Full Name :

Marital Status :

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Single

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Married

DOB :

D

D

M

M

Y

Y

Y

Y

Father / Spouse Name.:

Phone :

Address :

Emergency Contact :

Emergency Contact :

CAST :

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SC

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ST

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BC

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MBC

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OBC

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General

Sub Cast :

Religion :

Education :

Experience :

Documents Submitted :

Declaration :

I have read and understood the institute's rules and regulations and confirmed that I meet the specified eligibility requirements. I have accurately provided the necessary information and documents. I will submit any additional documents if required in the future. I acknowledge that my employment may be terminated if the submitted information or documents are found to be incorrect or misleading. The school has full authority to take appropriate actions, which I will accept. Furthermore, if any information provided by me in the future is incorrect, the school has the right to terminate my employment at any time.

Signature