INTV.N	IO.:	
DATE	:	

REGIONAL DIRECTORATE DAV INSTITUTIONS ODISHA



DAV Public School, Chandrasekharpur, Bhubaneswar-21

Phone - 0674-2740551, 2740651, FAX - 0674-2744688

Email - davrdodisha2@gmail.com

OST APPLIED FOR :-				
9	(PRT/ADHOC W	ITH SUBJECT)		Affix attested recer
* ¹	s .			PP Size Photograph with signature.
	MATION: (To be filled in Capita	il letters only)		
(a) Name of the applicant		8 5		
			70	
(b)Father/Husband's Name	S	7		* *
o et a	Date Month	Year		
Category :	Date Month ay 2022 - (SC/ST/O	BC/General) 5	. Religion _	
Category :	ay 20 <u>22 -</u> (SC/ST/O	BC/General) 5	. Religion _	
Category :	ay 2022 (SC/ST/O	BC/General) 5 7	. Religion Gender Hobbies _	
Category: Nationality Marital Status D. PERMANENT AD At	ay 2022 (SC/ST/O	BC/General) 5 7 9 11. ADDRE	. Religion Gender Hobbies _	8
Category: Nationality Marital Status D. PERMANENT AD	odress	BC/General) 5 7 9 11. ADDRE	Religion Gender Hobbies	8
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Category : Nationality Marital Status D. PERMANENT AD At Post	odress	BC/General) 5 7 9 11. ADDRE Plot No. Area	Religion Gender Hobbies	8
Category : Nationality Marital Status O. PERMANENT AD At Post Dist	operation (SC/ST/O	BC/General) 5 7 9 11. ADDRE Plot No. Area Dist	Religion Gender Hobbies	8
Category : Nationality Marital Status D. PERMANENT AD At Post Dist State	odress	BC/General) 5 7 9 11. ADDRE Plot No. Area Dist State	Religion Gender Hobbies	8

12. PROFESSIONAL DETAILS: Educational Qualification:

Qualification	Year of Passing	Subjects offered	Name of Board/ University	Total marks in % / CGPA & Division	Any other relevant information	
SECONDARY				21		
SENIOR SECONDARY						
		2 H			_	
GRADUATION (mention the Honours subject)				(4)	8 9 ş	
POST GRADUATION			124	a 547		
B.Ed/C.T./J.B.T./N.T.T.	X					
C.T.E.T.						
	-		* ************************************	12	9	

13.Extra Qualification(if any):

Qualification	Year of Passing	Specialization Subjects	University/Institute	Total marks in % / CGPA, Grade/Divn.	Any other relevant information
		ű.	. v.		
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			(i = e	12	-1

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7.7	1.77.76	112 16	- X b	J 500 500 1	1 - 1/1	

Name of School/Institution	Designation & Assignments	From - To (Give month and year)		Subject / Classes Taught	Gross Salary drawn
			× .	EM B	2 8 v a a a a
*	76	,	-		,
	Th.				

		76	,		9	
					_	
	ORK EXPERIENCE (in years):Teaching:	Ad	Iministrative:	Any oth	ner:
Sr. No	Particulars	Attach photocopy		Details	tional/Internation	nal)
1	Literary activities					idi)
2	Art & Craft/ Painting					
3	Sports					
4	Cultural Activities: Music/ Dance					
6. Pr	eferences of places of	of posting: (a)	(b))	(c)	×
7. M	nimum Salary accept	able; Rs		/- p.m.		
18 . If	selected, how much	time would you ne	ed to join?			
5. 0 54		DEC	CLARATIO	ON.		

I hereby certify that all statements made and information given by me in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect before or after the interview or appointment, action can be taken against me by the School and my candidature/ appointment shall automatically stand cancelled/ terminated.

Place:		
	(Full Signature of the Applican	t)
Date:	9	
	Name:	in National