

APPLICATION FORM**For The Post of COMPUTER FACULTY**

(Please fill this form in English with capital letters only)

1. Name of District (Applied):
2. Choice of School in order of preference (Mention School Code only) :
1. 2. 3.
3. Name of Candidate:
4. Mother's Name:
5. Father's/Husband's Name:
6. Present/Corresp. Address:
7. Permanent Address:
8. Phone No. (with STD Code): Mobile No.
Email:
9. Date of Birth: Sex (M/F): Nationality:
10. Detail of Fee Paid: DD No. Date: Amount:
Bank:
11. Are you permanent resident of Haryana? (Yes/No):
If yes, then Name of District:
12. Educational / Professional Qualification (Matric onwards):

Affix Self Attested
Passport Size
Photo

| Sr. No. | Name of Examination Passed | Board / University | Year of Passing | Obtained Marks/Total Marks | Percentage of Marks / Grade | Attested Document Enclosed (Y/N) |
|---------|----------------------------|--------------------|-----------------|----------------------------|-----------------------------|----------------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

13. Experience / Details of work in related field:

| Sr. No. | Period | | Organization / Company Name | Designation | Work Description | Last Salary Drawn | Attested Document Enclosed (Y/N) |
|---------|--------|----|-----------------------------|-------------|------------------|-------------------|----------------------------------|
| | From | To | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |

Declaration: I hereby declare that -

- Particulars given above are true and correct to the best of my knowledge and belief. I understand that in the event of any information is found to be false / incorrect at any stage, my candidature is liable to be cancelled and I shall be liable for the legal action, if any, arising on this account.
- I am not involved in any illegal activity which may affect the operation of this project and I further undertake that I shall never involve in any such activity which may affect the working of the project at any point of time.

Date:

Place:

Signature of the Candidate