



**HIMACHAL PRADESH BOARD OF SCHOOL EDUCATION
DHARAMSHALA(KANGRA)-176213**

TEACHER ELIGIBILITY TEST- NOVEMBER 2024

APPLICATION FORM RECEIPT

Print Date:10-10-2024

Subject : **TGT (Non-Medical)**
Application No. : **413454**
Name of the Candidate : **ANCHAL THAKUR**
Father's Name : **KEWAL KRISHAN**
Mother's Name : **SUNEETA THAKUR**
Date of Birth : **09-04-2001**
Aadhaar No. : **860609836546**
Contact No. : **8629803085**
Email ID : **thakuranchal252320@gmail.com**
Category : **General**
Sub-Category : **None**
Sex : **Female**
Marks (%) / Appearing Status : **Appearing**
Correspondence Address : **Vill Amned P/O Bharthian Teh/District Hamirpur**
Vill Amned P/O Bharthian Teh/District Hamirpur (177029)
Permanent Address : **Vill Amned P/O Bharthian Teh/District Hamirpur**
Vill Amned P/O Bharthian Teh/District Hamirpur (177029)
District : **Hamirpur**
Bonafide District : **Hamirpur**
Preference Regarding Examination Centre District and Sub-Division
District : **Hamirpur**
Sub-Division : **Hamirpur**
Sub-Division to which belongs : **Hamirpur**
Transaction ID : **113499073150**
Fee Amount : **Rs. 1200/-**
HPBoSE Budget Head : **1-101-17**
Fee Deposit Date : **10-10-2024**

413454



Anchal Thakur

Affix same copy of your passport size photograph* which has earlier been scanned and uploaded by you in the application form.

*Don't staple, Gum Paste Only.

SELF DECLARATION BY THE CANDIDATE

I hereby solemnly declare that all information given in this application are true, complete and correct to the best of my knowledge and belief. I also declare that if I fail to produce authentic or valid documents or ineligibility being detected on account of information given by me or for want of valid/authentic document before or after the examination, my candidature shall be cancelled and I will have no claim whatsoever for considering my candidature.

Date

Signature of the Candidate