

## APPLICATION FORM NOOR SOCIETY, STATE IMPLEMENTING SOCIETY FOR RASHTRIYA MADHYAMIK SHIKSHA ABHIYAN, J&K

| <ol> <li>Name of the Post</li> </ol> | applied for : Sp  | ecial Education Teacher        |                  |                  |               |                   |  |
|--------------------------------------|---|--------------------------------|------------------|------------------|---------------|-------------------|--|
| <ol><li>Advertisement No</li></ol>   | otice No :  | Dated:                         |                  |                  |               |                   |  |
| 3. Name of Bank                      | Advertisement Notice No : Dated: |                                |                  |                  |               |                   |  |
| 4. Name of the Cand                  | ame of the Candidate (in block letters):  |                                |                  |                  |               | Paste your recent |  |
|                                      | -,  |                                |                  |                  | phot          | ograph            |  |
| Daughter/Son of                      |   |                                |                  |                  | d             | duly              |  |
| . Permanent Addre                    | Daughter/Son of :   |                                |                  |                  |               | ittested          |  |
|                                      |   |                                |                  |                  | (Don't        | Staple)           |  |
|                                      |   | n Certificate                  |                  |                  |               |                   |  |
| Age as on 1/1/201                    | 16  | a certificate                  |                  |                  |               |                   |  |
| E-mail ID                            |   |                                |                  |                  |               |                   |  |
| O.Category                           | Da  | te of Issue of Category Cer    | HC               |                  |               |                   |  |
| 1. Mobile No:                        |   | te or issue of category cer    | uncate           |                  |               |                   |  |
|                                      |   |                                |                  |                  |               |                   |  |
| 2.Qualification:                     |   |                                |                  |                  |               |                   |  |
| Academic Qualific                    | ation:-   |                                |                  |                  |               |                   |  |
| Name of the                          | I was a T   |                                |                  |                  |               |                   |  |
| Examination                          | Year of<br>Passing  | Board/University               | Stream           | Marks            | Maximu        | m o               |  |
| h                                    | rassing   | •                              |                  | Obtained.        | Marks         | %a                |  |
|                                      |   |                                |                  |                  |               |                   |  |
| h                                    |   |                                |                  |                  |               |                   |  |
| duation                              |   |                                |                  |                  |               |                   |  |
| st-Graduation                        |   |                                |                  |                  |               |                   |  |
| other                                |   | ,                              |                  |                  |               |                   |  |
| alification                          |   |                                |                  |                  |               |                   |  |
| Professional Qualit                  | fication:-  |                                | · 1              | ·                | 1             |                   |  |
|                                      |   |                                |                  |                  |               |                   |  |
| ne of the Examinatio                 | n Year of<br>Passing  | Board/University               | Stream           | Marks            | Out of        | %age              |  |
|                                      | 1 ussing  |                                |                  | Obtained.        | outor         | %age              |  |
|                                      |   |                                |                  |                  |               |                   |  |
|                                      |   |                                |                  |                  |               |                   |  |
| Self-attested photo                  | ocopies of the fa   | ollowing documents are en      | anlone d         |                  |               |                   |  |
|                                      | - Para or the I   | mowing documents are er        | iciosea:         |                  |               |                   |  |
|                                      |   |                                |                  |                  |               |                   |  |
| 1                                    | •   | 2                              | 3                |                  |               |                   |  |
| 4                                    |   | 5                              | 6                |                  |               |                   |  |
| I hereby de                          | clare that:   |                                |                  |                  |               |                   |  |
| 1. The                               | statement made  | e, information, furnished in t | this application | form or dela     | 1             |                   |  |
| aret                                 | true and correct.   | ,                              | o application    | Torin and the er | iciosures sub | mitted by         |  |

- I have not concealed any information and in the event of any of the particulars or information given here
  in above is found incorrect or false, my candidature for the post applied may be cancelled.
- 3. In the event any mis-statement / discrepancy is found at the time of recruitment or at a later stage, my service shall be liable for termination.
- 4. I also understand that if at any stage I am found by a selection board to have used unfair means in the test or to have violated any of the rules/regulations governing the conduct of selection process, my candidature can be cancelled or to be declared to have failed by the selection board at its sole discretion.

Full Signature of the Candidate

## ATTENDENCE CARD NOOR SOCIETY, STATE IMPLEMENTING SOCIETY FOR RASHTRIYA MADHYAMIK SHIKSHA ABHIYAN, J&K

| 2  | Name of the Post applied for : Special Education Teacher  Name of the Candidate (in block letters): | Paste your<br>recent<br>photograph |
|----|---|------------------------------------|
| 3  | . Father's /Mother's Name :   | duly                               |
|    | Postal Address :  | self-attested                      |
|    |   | (Don't Staple)                     |
| 5. | For Office use only:  |                                    |
|    | Roll No Date of Test Venue  |                                    |
|    | Signature of Candidate (To be signed at the time of test)   |                                    |
|    | 22222222222222222222222222222222222222  | 888                                |
|    | ADMIT CARD  NOOR SOCIETY, STATE IMPLEMENTING SOCIETY FOR RASHTRIYA MADHYAMIK SHIKSHA ABHIYAN, J&K   |                                    |
| 1. | Name of the Post applied for : Special Education Teacher  |                                    |
| 2. | Name of the Candidate (in block letters):   | Paste your                         |
|    |   | recent<br>photograph               |
| 3. | Father's /Mother's Name :   | duly                               |
|    | Postal Address :  | self-attested                      |
|    |   | (Don't Staple)                     |
|    |   |                                    |
|    | For Office use only:  Roll No Date of Test Venue  |                                    |
|    | Signature of Candidate  |                                    |