

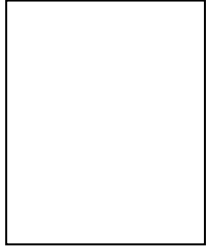
Registration Form

Registration No. _____

Session _____

Post Applied for : Classroom Faculty

Home Tutor



Subjects _____

Specialization _____

Full Name _____

Sign. _____

Date of Birth ___/___/___

Gender _____

Father's Name _____

Father's Occupation _____

Mother's Name _____

Mother's Occupation _____

Marital Status _____

Spouse Name _____

(If married)

Category (Gen/Sc/ST/OBC) _____

Blood Group _____

E-mail id _____



Contact No _____



Local Address _____

Parmanent Address _____

Educational qualification

S.No.	Exam Passed	Stream / Subject	Board / University	Year of Passing	% age
1					
2					
3					
4					

Experience (if any)

S.No.	Institute/Company Name	Duration (month-year)	Designation	city	Reason for Switch over
1					
2					
3					

Last salary Drawn (if any) Rs. _____

Expected Salary(Range) Rs. _____

Skill and Expertise (if any) _____

Are you preparing for any competitive Exam: Yes NO

If yes , mention the name of competition : _____

Have you passed any competition Exam: Written Interview

Name of Exam _____ Post _____ year _____

ID & Address Proof : (attached, any one)

College/ Voter ID Card Aadhar Card

I here by declare that the information given above by me is absolutely true and correct. In case, any information is found to be incorrect , my candidature is liable to be terminated immediately at any stage.

Date : _____

Place: _____

Sign. of Applicant