

APPLICATION FORM FOR POST OF DISTRICT COORDINATOR

Important Note: Candidates must fill-up all information as asked in the application. Failure to provide complete information or incomplete application form may lead to rejection of the application. The Candidate MUST fill the entire application in his/her own hand writing.

Affix here
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Colour
Passport size
Photograph

Name of District Preferred for Posting(Maximum 03 Stations) _____

1. Name of Post: DISTRICT COORDINATOR
2. Name of Project: RASHTRIYA MADHYAMIK SHIKSHA ABHIYAN
3. Name of the Applicant: _____
(Surname) (First Name) (Middle Name)
4. Sex: MALE / FEMALE
5. Present Address (with Pin code) :

6. Permanent Address (with Pin code):

7. Permanent Mobile No.: _____ Residence Telephone No.: _____
8. Email Address: _____
9. Date of Birth (dd/mm/yyyy) format: _____ Place of Birth: _____
10. Educational Qualification:

Qualification	Degree	Name of University\ Board (with Complete Address)	Year's of Study		Marks Obtained	Percentage
			From	To		
1. SSC					/	
2. HSC					/	
3. Graduation (*)					/	
4. Post Graduation or Master degree (*)					/	
5. Others, if any					/	

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2. HSC					/	
3. Graduation (*)					/	

11. Languages Known (Tick Mark)

Sr No	Language	Speak	Read	Write
1				
2				
3				
4				

12. Work Experience Record (Please start with Present / Last Organization)

Duration	Total Exp. In Months	Name & Address of Organization (with its Contact Number)	Reporting to (with Name & Designation)	Contact No of your Reporting Superior	Designation	Salary

*NOTE:

1. Please attach the L.C., Mark sheets and Experience Certificates of all your previous jobs (only attested Photo Copies).
2. Original Mark Sheets and Last pay slip will have to be produced at the time of interview.
3. Attached: (1) Election Voter ID Card (2) Driving License and (3) Bank Pass Book

DECLARATION

I certify that the statements made by me are true, complete and correct to the best of my knowledge and belief. I understand that any material misrepresentation or omission made hereon or any other document requested by office, renders me liable to termination or dismissal. I have attached certified TRUE copy of my latest (1) Election Voter ID card (2) Driving License and (3) Bank Pass Book (for direct Salary transfer by ECS) as ID proof and proof of address.

Place : _____

Date : _____

Signature of the Candidate

Name of the Candidate: _____