

SAINIK SCHOOL IMPHAL

Post Box - 21, Imphal East – 795001 (Manipur) E-mail: ssimphal@hotmail.com, Website: ssimphal.nic.in

Fax: 9191730843

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(To be filled clearly and carefully only by the candidate in capital letters only)

SI.No	
For office	use only

Recent colour Photograph with signature of candidate

Instructions for candidates: (Please read carefully)
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- (a) Envelope containing application to be marked as "Application for the Post of Lab Assts (REGULAR)"
- (b) School Address: SAINIK SCHOOL IMPHAL, Post Box 21, Imphal East 795001 (Manipur).

 Applications may also be dropped in the Box placed at School Main Gate (only for local candidates).
- (c) Candidates should compulsorily be in possession of valid ID proof documents (Aadhar Card / Voter ID / PAN / Driving Licence etc) for identification as and when required. Candidates are to carry one additional copy of photograph that is affixed on the application form.
- (d) <u>Written Test</u>: The syllabus for written test shall include Physics & Chemistry upto the standard of intermediate and General Knowledge / Current Affairs etc. Successful candidates in written examination will be intimated by e-mail / telephonically to appear for final interview.
- (e) Incomplete applications or those received without DD / beyond the last date will not be entertained.

D	ate of Birth	า	Gender	Age as on 01 June 2017								
Day	Month	Year	Gender	Years	Months	Days						

1.	Candidate's Name (keep one box blank between first name, middle name & surname)																						
2.	Father's / Husband's name (mark "✓" tick in the appropriate box)																						
	Father Husband																						
3.	Details of Fee Paid:-																						
	DD No	DD No. Date Name of Bank									Branch												

4. Candidate's Address (in capital letters)

M	ob N	Ю						E-m	ail										

(Candidates should write Name, Post applied for and Mailing Address in capital letters, on the back side of DD)

6. Academic Qualification (Starting from class 10°) (Give information as applicable. Attach separate sheet if required) Name of Exam (white complete name of Class / Cause passed) Matriculation (Class / Cause passed) Matriculation (Class X) Matriculation (Class XII) Graduation / Diploma (Name of course) Other if any, (Specify) 7. Experience (Attach separate sheet, if required) Post Name of Institution / Period of Service No. of years Salary drawn per month Popt / Ministry From To & months per month Deptt / Ministry From To & months per month 1. Thereby certify and declare that: (a) I have read and understood the contents of the Advertisement. (b) All statements made and information given by me in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information of part of its being found fished or incorrect before or after the exam / interview or appointment, the school of the same has been enclosed, including experience or certification. (d) I truther declare that I trillii all the conditions of eligibility regarding age, qualifications, etc. prescribed for the post of Lab Asst and the proof for the same has been enclosed, including experience or certification. (d) I case my application is not received by the school within the stipulated date due to postal delay or otherwise, school will not be held responsible for such delay. (e) I will not lay any claim for refund of non-refundable application fee of Rs. 500/- from the school under any circumstances. I will not claim any TA / DA for attending the tests / interview.	5.	Aadhar No	.: <u> </u>													
Name of Exam (wind complete and of Class / Course passed) Max Marks % Subjects Studied Name of Board / University passed) Matriculation (Class X) Senior Secondary (Class-XII) Graduation / Diplorma (Name of course) Other if any, (Specify) 7. Experience (Attach separate sheet, if required) Post Name of Institution / Period of Service No. of years Salary drawn per month Held Deptt / Ministry From To & months Per month 8. Achievements in Sports / NCC / Extra Curricular Activities DECLARATION TO BE SIGNED BY THE CANDIDATE I have read and understood the contents of the Advertisement. (a) I have read and understood the contents of the Advertisement. (b) All statements made and information given by me in this application are true, complete and correct to the best of my knowledge and bolled in the event of any information or part of a being found false or incorrect before or after the exam i interview or appointment, the school of the same has been enclosed, including experience certificates. (d) I name y application is not received by the school within the stipulated date due to postal delay or otherwise, school will not be held responsible for such delay. (d) I will not by any polazion for in or received by the school within the stipulated date due to postal delay or otherwise, school will not be held responsible for such delay. (e) I will not by any polazion for refund of non-refundable application fee of Rs. 500'- from the school under any circumstances. I will not claim any TA / DA for attending the tests / interview.	6.	Academic (Give inform	Qualification as	ation (Sta	arting fro	m clas	ss 10) th) e sheet if	require	ed)						
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