ARMY PUBLIC SCHOOL, GWALIOR

APPLICATION FORM FOR SELECTION OF ADM STAFF

Post	Post Applied for :								
1.	Name	Name in capital Letters : Affix Recent Passport Size							
2.	Son/D	Daughter/wife of :							
3.	Date o	of Birth :							
	Age a	as on 01 Apr 2024:							
4.	Addre	ess :							
6.	Phone	Number :		E-Mail	ID				
7.		Educational Qualifications: (Give Particulars of all examinations you have passed from graduation onwards)							
	Exan	nination	Board/ University	Passing Year			% age of Marks		
0	COM				your qualification	on.			
8.	(a) Have you done any degree/diploma in computers? Give details:								
	(a)	Have you done an	y degree/dipio	ma in comp		115.			
	(b) Any experience on working on computer. Give details.								
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9.	Experience:	Fill in all	narticulare	in chronolo	aical order	etarting w	uith vour firet	annt
J.		i ili ili ali	particulars		gical oluci	starting w		αρρι.

	Period		Institution	Desig-	Duty Assigned	Total			
	Fro	m To		-nation		Experience Y and M			
	Tota	al Exp in (Yea	rs)		1				
		* Attach all e	experience certific	cates in suppo	ort of your experier	ıce.			
4.0	F								
10.		ily Status							
	(a) (b)		U U						
	(b) Occupation of Father / Husband / Wife :								
	Serving/Retired Category : (c) No of Children with age and sex :								
	(c)	NO OF Childr	en with age and se	X					
11		Demand Draft NoIssuing dateAmount							
	Bank	Name							
12.	Aspii	ation (<u>which y</u>	<u>ou believe will be v</u>	valuable to this	<u>institution</u>)				
13.	Δre \	vou presently v	vorking / (Ves/No)	If	ves give the followi	na			
10.	Are you presently working / (Yes/No)If yes, give the following: -(a)Appt & Institution with dates:								
	(u) (b)								
	(0)			LARATION					
			220						
1.	l mee	t all qualificatio	n for the eligibility co	onditions.					
	I solemnly state that all the above particulars/ statements are true to the best of my knowledge d belief. I also understand that in case any particulars given above are found to be false at any later te, my services are liable to be terminated without giving any prior notice.								
Date	ate :				(Signature of applicant)				

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